

Rehabilitation Administrative Manual
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RAM CHAPTER 12 ABBREVIATIONS

This chapter includes numerous abbreviations. In an effort to maximize content accessibility, this chapter includes periods with abbreviations that may be phonetically read as a word by a screen reader.

This chapter uses the following abbreviations:

A.T.	Assistive Technology
AUR	Active User Report
BFS	Blind Field Services district
BPQY	Benefits Planning Query Report
CAP	Client Assistance Program
CCR	California Code of Regulations
CFR	Code of Federal Regulations
CDR	Continuing Disability Review
CRD	Community Resources Development
CRP	Community Rehabilitation Program
CIH	Consumer Information Handbook
DOS	District Operations Support
DOR	Department of Rehabilitation
EN	Employment Network
FAFSA	Free Application for Federal Student Aid
HSO	Health and Safety Officer
IEP	Individualized Education Program
IPE	Individualized Plan for Employment
ISP	Individual Service Provider
ITSD	Information Technology Services Division
LCSW	Licensed Clinical Social Worker
LEAP	Limited Examination and Appointment Program
MFT	Marriage and Family Therapist
MIOR	Medical Information of Record
OOS	Order of Selection
PR	Physical and Mental Restoration Services
PES	Post-Employment Services

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RAM	Rehabilitation Administrative Manual
RSA	Rehabilitation Services Administration
SOC	Standard Occupational Classification
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
TTW	Ticket to Work
TWE	Trial Work Experience
VR	Vocational Rehabilitation
VRED	Vocational Rehabilitation Employment Division
VRPRD	Vocational Rehabilitation Policy & Resources Division
VRSD	Vocational Rehabilitation Service Delivery
VR WAP	Vocational Rehabilitation Work Activity Program
WIP	Work Incentive Planner

1200 GENERAL REQUIREMENTS (12/17)

The Department of Rehabilitation (DOR) shall use Rehabilitation Administrative Manual (RAM) Chapter 12 to articulate its policies related to the provision of vocational rehabilitation (VR) goods and services.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for non-medical goods and services requirements:

- State Agency for Administration (34 Code of Federal Regulations [CFR] 361.13)
- Scope of Vocational Rehabilitation Services for Individuals with Disabilities (34 CFR 361.48)
- Information Technology – Definitions (State Administrative Manual [SAM] 4819.2)
- Non-Capitalized Property (SAM 8603)
- Accounting and Control of Property (SAM 8650)
- Equipment (California Code of Regulations [CCR] 7013.2)
- Tools (CCR 7028.4)
- Scope of Vocational Rehabilitation Services for Individuals with Disabilities (CCR 7149)
- Excluded Services—Construction (CCR 7149.1)

The DOR shall use this chapter in conjunction with applicable regulations, and other key procedural resources, including but not limited to the following:

- [Accounting and Support Desk Manuals](#)
- [AWARE Reference Guide](#)
- [Community Rehabilitation Program \(CRP\) Guide to Certification and Vendorization, \(aka “CRP Guide”\)](#)
- [District Management Guide](#)
- [RAM Toolboxes](#)
- [Vocational Rehabilitation Service Delivery \(VRSD\) Team Business Processes Desk Manual](#)

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The resources listed above are located on the DOR intranet and are updated periodically.

For brevity, this chapter uses the following conventions:

- References to California Code of Regulations, title 9, sections within the narrative text of this RAM chapter are described as “CCR <section number>,” e.g., CCR 7122.
- “Record of services” replaces the term “case file.”
- The term “consumer” is synonymous with the term “eligible individual.”
- The terms “Individualized Plan for Employment,” “IPE,” and “Plan” may be used interchangeably.
- The term “Rehabilitation Counselor” refers to the Senior Vocational Rehabilitation Counselor, Qualified Rehabilitation Professional (SVRC, QRP).
- The terms “designated district staff” or “designated district support staff” refer to standard and optional actors within a VRSD team or a District Operations Support (DOS) team, and other authorized staff. The VRSD team provides direct services, and the DOS team typically provides accounting and support functions. Appropriate security clearance will be maintained to ensure separation of duties.
- The term “Team Manager” refers to the Staff Services Manager I in a VRSD team, and the term “district manager” refers to the Team Manager or a DOS manager within a DOR district.
- The term “DOR districts” refers to the 13 districts in the Vocational Rehabilitation Employment Division (VRED) and the Blind Field Services (BFS) district in the Specialized Services Division.
- References to the “individual,” the “applicant,” or the “consumer” shall also include the individual’s, the applicant’s, or the consumer’s representative by inference.

The accompanying [RAM Chapter 12 Toolbox](#) contains the RAM Chapter 12 Desk Manual with procedures for performing a variety of tasks referenced in this chapter.

[Go to CCR.](#)

1201 Approval Authority (12/17)

The DOR shall utilize a standardized system of “approval authority” to expedite services to applicants and consumers. Approval authority allows the Rehabilitation Counselor to perform the non-delegable functions of a qualified rehabilitation professional and authorize most goods and services without obtaining prior written approval from a Team Manager or other approving official.

The purpose of approval authority is to achieve the following DOR objectives:

1. Increase the quality and quantity of employment outcomes.
2. Reduce paperwork and improve DOR service delivery systems.
3. Empower staff to make timely, appropriate, and cost-effective decisions.
4. Improve communication and support between Rehabilitation Counselors, Team Managers, and Vocational Rehabilitation Service Delivery (VRSD) team members.

The Rehabilitation Counselor with approval authority will complete and approve the following non-delegable functions:

- Determination of eligibility.
- Determination of priority for services.
- Development of the Individualized Plan for Employment (IPE) and IPE Amendments.
- Review of IPE progress at least annually.
- Determination of appropriate record of services closure in collaboration with the Team Manager. Only the Team Manager may approve and enter the **Closure Date** in AWARE.

While the VRSD team may assist in providing and arranging VR goods and services, only the Rehabilitation Counselor can perform the following actions related to the non-delegable functions:

- Enter the eligibility and priority for services determination extension date in AWARE, and sign the hardcopy DR 211 EXTENSION OF ELIGIBILITY AND PRIORITY FOR SERVICES form.

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- Enter the Trial Work Experience (TWE) plan start date in AWARE, and sign the hardcopy DR 212 TRIAL WORK EXPERIENCE form.
- Enter the **Eligibility Date** on the **Eligibility** page in AWARE and sign the DR 212 NOTICE OF ELIGIBILITY AND PRIORITY FOR SERVICES form.
- Determine and enter the **Priority Category** on the **Eligibility** page in AWARE for each applicant.
- Sign the DR 214A PLAN DEVELOPMENT EXTENTION form.
- Enter the **Signature/Start Date** on the **Plan** page in AWARE and sign the DR 215 INDIVIDUALIZED PLAN FOR EMPLOYMENT form.
- Enter the **Signature/Start Date** on the **Plan Amendment** page in AWARE and sign the DR 215A PLAN AMENDMENT form.
- Enter the **Plan Review Date** on the **Plan Review** page in AWARE and sign the DR 216 PLAN REVIEW form.
- Complete the **Closure Page** in AWARE and sign the DR 229A CLOSURE REPORT – REHABILITATED form, or DR 229B CLOSURE REPORT – OTHER THAN REHABILITATED form, as appropriate, prior to the Team Manager entering the **Closure Date** in AWARE.

1201.1 Approval Authority Levels

The DOR shall establish approval authority levels using AWARE security templates. The DOR may create or revise security templates as necessary to administer the vocational rehabilitation (VR) program.

Approval authority levels are represented by each AWARE security template, consistent with selected non-delegable Qualified Rehabilitation Counselor functions, as follows:

- A. “Counselor – Post-Approval:”
 - 1. Determination of eligibility.
 - 2. Determination of priority for services.
 - 3. Development of the Individualized Plan for Employment (IPE) and IPE Amendment(s).
 - 4. Review of IPE progress to be completed at least annually.
- B. “Counselor – Limited Approval / Eligibility / Priority Category:”
 - 1. Determination of eligibility.
 - 2. Determination of priority for services.
- C. “Counselor – Limited Approval:” none.

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Rehabilitation Counselors with the approval authority level designated in Item A above (“Counselor – Post-Approval”) may request pre-plan assessment services and may authorize most in-plan or post-employment goods and services without obtaining prior written approval from a Team Manager or other approving official.

Rehabilitation Counselors and designated district staff with any of the above security templates may request pre-plan assessment services without obtaining prior written approval from a Team Manager or other approving official.

In any case, certain goods and services still require “prior approval” levels, as defined in [Section 1202](#).

Team Managers must approve all record of services closures.

1201.2 Approval Authority Qualifications

The Team Manager may grant approval authority provided the Rehabilitation Counselor being considered meets all criteria listed below:

1. The Rehabilitation Counselor must have working knowledge of, and skills and abilities, to apply, and follow vocational rehabilitation laws, regulations, policies, and procedures, as stated in the following:
 - a. [34 Code of Federal Regulations \(CFR\)](#), parts 361, 363, and 397.
 - b. [California Code of Regulations \(CCR\)](#), title 9, section 7000 and following.
 - c. [Rehabilitation Administrative Manual \(RAM\)](#) chapters 9, 10, 11, 12, 13, 15, 29, 30, 31, 34, and Exhibits.
 - d. [AWARE Reference Guide](#).
 - e. [DORALLS](#) and [DOR Field Memos](#) pertaining to work policies and procedures.

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2. The Team Manager will conduct an ongoing and semiannual review of casework conducted by the Rehabilitation Counselor to demonstrate the following:
 - a. Consistent and correct application of the regulations, policies, and procedures.
 - b. Good case management.
 - c. Timely and sound decisions regarding eligibility, priority for services, and development of IPE and IPE amendments, including determination of services needed.
 - d. Timely and thorough Plan Reviews at least annually, and appropriate record of services closure.
 - e. Required record of services documentation, in accordance with RAM Chapter 30 – Record of Services.
 - f. Use of comparable services and benefits.
 - g. Application of financial need factors.
3. Regardless of approval authority, the practice of reviewing issues related to specific consumers or situations where questions exist remains an important Rehabilitation Counselor responsibility. When necessary, the Rehabilitation Counselor will communicate issues with the Team Manager or other appropriate officials prior to the approval of services, and document a summary of the discussion in the record of services.

1201.3 Documenting Approval Authority

The Team Manager will grant approval authority in writing by designating an AWARE security template for each Rehabilitation Counselor.

The Team Manager will perform the following activities to document approval authority:

1. Grant approval authority to the individual Rehabilitation Counselor in writing by completing and signing the DR 141 ITSD ACCESS REQUEST form or an Active User Report (AUR).

2. Conduct a semiannual review of the casework of all Rehabilitation Counselors granted approval authority to ensure that the approval authority is properly exercised.

The Team Manager, Regional Manager, or District Administrator may rescind the Rehabilitation Counselor's approval authority at any time.

1201.4 The VRSD Team Role in Approval Authority

The VRSD team will adhere to DOR "prior approval" requirements as defined in [Section 1202](#) for the provision of particular goods or services regardless of Rehabilitation Counselor approval authority.

The VRSD team shall demonstrate full knowledge of services and situations that require prior approval from Team Managers, District Administrators, or other approving officials. All such required approvals shall be obtained prior to making a commitment to the consumer and prior to authorization of the goods and services. It is the VRSD team's responsibility to verify that all goods and services mandated in the IPE have been approved by the Team Manager, and other required approving officials, prior to authorization of services.

The efficient and effective use of resources to serve DOR consumers remains an important part of the VRSD team's responsibility and the Team Manager's accountability during review of the VRSD team's work. The VRSD team will monitor service delivery costs and make adjustments as resources change. All VRSD team members must be mindful of resource issues in the DOR and seek to provide services in the most cost effective manner possible, as appropriate to the individual case.

1202 Prior Approvals (12/17)

"Prior approval" is required for the provision of particular goods or services; whereas "approval authority," as defined in [Section 1201](#), is related to an individual DOR employee's permission to perform certain functions. District staff shall adhere to the DOR's operational policies for "prior approval" requirements regardless of Rehabilitation Counselor approval authority.

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There are a number of services and situations that require prior approvals from Team Managers, District Administrators, or other approving officials. These include prior approval requirements by federal awarding agencies, in accordance with federal regulation (refer to [Section 1202.1](#)).

The Rehabilitation Counselor and designated district staff must obtain all required approvals for these services or situations prior to making a commitment to the consumer and prior to authorizing goods or services.

The Rehabilitation Counselor and designated staff will perform the following actions:

- Determine whether the good or service requires prior approval(s) before preparing an authorizing document.
- Obtain and document all necessary prior approvals before forwarding an Activity Due to designated support staff.

Designated district support staff will perform the following actions:

- Review the authorizing Activity Due to verify that all required prior approvals are included.
- Reassign the Activity Due back to the Rehabilitation Counselor or designated staff if prior approvals are not completed.

Detailed lists of VR goods and services that require prior approval by Team Managers, or other approving officials, can be found in the following [RAM Chapter 12 Exhibits](#):

- Exhibit A—Services that Require Prior Approval
- Exhibit C—Medical Services that Require Prior Approval

1202.1 Prior Approval Requirements by Federal Awarding Agencies

Effective immediately, in accordance with [2 CFR 200.313](#), RSA prior approval is required for the following Service Categories that pertain to “tangible personal property,” (i.e., Equipment), costing \$5,000 or more per unit:

- [Assistive Technology Devices](#), including A.T. software
- [Durable Medical Equipment](#)
- [Hearing and Speech](#)

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- [Orthotics and Prosthetics](#)
- [Personal Computers](#), including intergrated systems
- [Placement Equipment](#)
- [Training Equipment](#)
- [Vehicle Modification](#)
- [Vehicle Purchase](#) (does not include vehicle rental)

Detailed lists of VR goods and services that require RSA prior approval by Team Managers, District Administrators, Contracts and Procurement Section (C&PS), and Deputy Director or designee, can be found in the following [RAM Chapter 12 Exhibits](#):

- Exhibit A—Services that Require Prior Approval
- Exhibit C—Medical Services that Require Prior Approval

1203 Comparable Services and Benefits (12/17)

The Rehabilitation Act, which authorizes grants to DOR for the provision of VR services to individuals with disabilities (Public Law 93-112), requires DOR consumers to make maximum effort to use comparable services and benefits to meet the objectives of their IPE. Consumers who are participating in institutions of higher education must apply for financial aid.

The Rehabilitation Counselor and designated district staff will apply the following regulations for comparable services and benefits:

- Applicable Definitions (CFR 361.5(c)(8))
- Comparable Services and Benefits (CCR 7006)
- General Requirements (CCR 7196).
- Exemptions (CCR 7196(b)).
- Additional Requirements – Institutions of Higher Education (CCR 7197).
- Extreme Medical Risk (CCR 7198).

If comparable services and benefits exist under any other government program, health insurance, or employee benefits, at the time needed to ensure the progress of the consumer toward achieving an employment outcome in his or her IPE, and are similar or comparable to services that

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the DOR would otherwise provide, the consumer must apply for and use those comparable services and benefits to meet, in whole or part, the cost of the VR services.

It is important to clarify that employers are not considered “comparable services and benefits.” It is however appropriate for the VRSD team to question whether an employer is able to purchase necessary goods or services as “reasonable accommodation” for the consumer to fulfill the responsibilities of the job.

The VRSD team will proactively assist the consumer to identify and apply for sources of comparable services and benefits prior to plan development. The goal is to assist the consumer in obtaining and utilizing comparable services and benefits without undue delay at the time needed to participate in VR services. This means district staff will determine whether comparable services and benefits for goods and services, auxiliary aids, or accommodations exist under any other program and whether those services and benefits are available to the individual, unless such a determination would interrupt or delay any of the following:

- The progress of the individual toward achieving the employment outcome identified in his or her IPE.
- An immediate job placement.
- The provision of VR services to an individual who is determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

If comparable services or benefits exist, but are not available to the consumer at the time needed to ensure progress of the consumer toward his or her IPE, the DOR will provide VR services until those comparable services or benefits become available.

The DOR Work Incentives Planner (WIP) can help the consumer identify benefits to enable a comparable service review. The Rehabilitation Counselor or designated district staff will typically arrange for benefits counseling to be provided by a WIP, when appropriate. Services must be documented in the consumer’s record of services.

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The Team Manager will independently review records of services, monitor comparable services and benefits, and take appropriate action to ensure compliance.

Refer to [Section 1214](#) and the [Medical Services Unit Desk Manual](#)—located on the Vocational Rehabilitation Employment Division / Medical Services Unit page on the /NDOR intranet—for more information on medically related comparable services and benefits.

Refer to the [Section 1203.3](#)—Comparable Benefits in Institutions of Higher Education—and [Section 1203.4](#)—"Maximum Efforts" to Obtain Comparable Benefits in Institutions of Higher Education—for more information on comparable benefits for training services in institutions of higher education.

[Go to CCR.](#)

1203.1 Exemptions from Comparable Service and Benefits

The following consumer goods and services are exempt from comparable services and benefits:

- 1) "Rehabilitation Technology" items, including telecommunications, sensory, and other technological aids and devices (34 CFR 361.5(b)(45)). This includes rehabilitation engineering services, such as vehicle modification expenses.
- 2) Assistive Technology (A.T.) devices.
- 3) Assessment for determining eligibility and VR needs.
- 4) Counseling and guidance, including information and support services to assist a consumer in exercising informed choice.
- 5) Referral and other services to secure needed services from other agencies.
- 6) Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.
- 7) Post-employment services consisting of the services listed under items 1 through 6 of this section.

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1203.2 Documenting Comparable Services and Benefits

All comparable services and benefits must be documented by the Rehabilitation Counselor or designated district staff in a case note. Comparable services and benefits may be documented individually or along with other DOR services being provided to the consumer.

The Rehabilitation Counselor or designated district staff will document the following information in a record of services case note:

- Existing and sought after comparable services and benefits.
- Verification of the consumer's financial aid application and award.
- Maximum efforts to secure and attempts at utilizing all comparable services and benefits.
- Any anticipated comparable services and benefits.
- Comparable services and benefits obtained at the time of purchase.
- Evidence of benefit or denial of comparable services and benefits.

The Rehabilitation Counselor or designated district staff will record comparable services and benefits for purchased services in AWARE according to the [AWARE Reference Guide](#).

1203.3 Comparable Benefits in Institutions of Higher Education

The Rehabilitation Counselor and the consumer shall make maximum efforts to secure comparable benefits, including financial aid, for institutions of higher education.

The Rehabilitation Counselor or designated district staff will perform the following actions:

- Provide the consumer with a detailed explanation of the requirement to use maximum efforts to secure grant assistance and apply for financial aid, and advise them of the requirements listed in CCR 7158.8.
- Assist the consumer, as appropriate, in completing the application process for financial aid.
- Consistent with informed choice, assist the consumer in identifying potential higher education options (public or private).

- Determine the necessary and appropriate costs of providing the training, and how those costs will be met; first, by comparable benefits and then, as necessary, by the DOR.

1203.4 “Maximum Efforts” to Obtain Comparable Benefits in Institutions of Higher Education

District staff shall document the requirement, responsibilities, and support or assistance to complete the appropriate financial aid applications in the consumer’s IPE, and subsequent amendments. The consumer’s record of services shall also be updated annually to include verification of the consumer’s financial aid eligibility (e.g., copy of the award or denial letter, or comparable documentation from the college financial aid office).

If the consumer is awaiting receipt of the award letter, the Rehabilitation Counselor should obtain a copy of the completed Free Application for Federal Student Aid (FAFSA) or other application forms, place them in the consumer’s file, and authorize initial services, if necessary, to avoid a delay in service. Before authorizing services for subsequent sessions (quarters/semesters), the award or denial letter must be in the consumer’s file.

Once a consumer receives a federal/state grant award, the Rehabilitation Counselor and the consumer will review the grant award amounts to determine if DOR funding is needed. The consumer is advised that the grant must be used as a comparable benefit to pay for the costs of training. The cost of training includes, but is not limited to, tuition, fees, and books and supplies. If the Rehabilitation Counselor determines that the available grant funding is insufficient to meet the basic training costs for tuition, fees, and books and supplies, DOR funds can be authorized for such costs in excess of available grant funding.

The results of the financial aid application and a reassessment of the consumer’s potential eligibility for financial aid assistance should be reviewed annually, prior to the March 1 priority-filing deadline. The consumer shall be reminded of the requirement to make maximum effort to obtain financial aid and provide the required documentation. If financial aid is not available or insufficient to meet the costs of training, the district staff

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will determine if assistance can be provided to improve the outcome of the financial aid application in the future.

If a consumer is determined ineligible for financial aid as a result of default on a prior loan or a refund owed on grants previously received, the consumer must make effort to resolve the default through a repayment plan or other arrangement. The Rehabilitation Counselor is required by federal guidance to counsel the consumer and provide assistance in working out some satisfactory means of clearing up the consumer's default. DOR funds cannot be used to repay any portion of the loan or default. ([RSA Policy Directive-92-02](#).)

If otherwise eligible for assistance, the Rehabilitation Counselor shall proceed with authorization of services to the consumer while efforts are being made to repay prior loans or otherwise resolve the default. The consumer shall provide the Rehabilitation Counselor with the appropriate documentation of the consumer's continuing efforts to resolve the default.

1204 Financial Participation (12/17)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for financial participation:

- Client Financial Participation – General (CCR 7190)
- Exemptions from Client Financial Participation (CCR 7191)
- Computation of Client Financial Participation (CCR 7192)
- Client Financial Participation – Payment (CCR 7193)

Applicants and consumers shall financially participate in the cost of VR services; unless the consumer or the service is exempt (refer to [Section 1204.2](#)). The Rehabilitation Counselor must deny authorization of specific goods or services if the consumer either refuses or fails to contribute the required amount.

[Go to CCR.](#)

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1204.1 How is Financial Participation Calculated?

The DOR shall use the DR 233 STATEMENT OF FINANCIAL STATUS form to calculate the financial participation in the month(s) that the goods or services are provided, for those consumers or services that are not exempt.

In the case of a consumer who is a minor and whose parent meets the definition of “household member” in CCR 7190(c)(2), the DR 233 form shall be completed by the client’s parent. If the parent refuses, the VRSD team will document the refusal in a case note. The VRSD team will notify the consumer and the parent of the responsibilities as noted in 7029.9(b)(1).

The consumer shall complete the following actions:

1. State his or her name, the source and amount of his or her liquid assets, and the type and amount of medical expenses which qualify for the medical exception.
2. Sign a certification that the income, liquid assets, number of household members, or medical expenses used by the Rehabilitation Counselor in the financial participation computation are correct to the best of his or her knowledge.
3. Acknowledge that he or she understands that any changes in income, household composition and medical expenses, as well as changes of \$100 or more in liquid assets, must be reported to the DOR and that such changes may result in a change to the amount of the consumer’s financial participation obligation.

The Rehabilitation Counselor or designated district staff must complete the following actions prior to authorizing consumer goods or services subject to financial participation:

- Review the consumer's financial status and determine the consumer’s monthly financial participation.
- Collect the total monthly contribution from the consumer, *prior to authorization*, in cash, money order, or cashier's check.
- Refer to Exhibit B—Income Exemption Table—for instructions on calculating consumer financial participation.

The Team Manager will independently review records of services, monitor financial participation, and take appropriate action to ensure compliance.

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1204.2 Exemptions from Financial Participation

A consumer shall be exempt from financial participation in the cost of any VR services if the consumer is a recipient of any of the following:

1. Social Security Disability Insurance (SSDI).
2. Social Security Income (SSI) / State Supplemental Program (SSP).
3. Department of Human Assistance services, including but not limited to, General Assistance, California Work Opportunity and Responsibility to Kids (CALWORKS), Temporary Assistance to Needy Families (TANF), Food Stamps.

The following VR services shall be exempt from consumer participation requirements and under no circumstances shall any consumer be asked to participate in the cost of these services:

1. Evaluation of rehabilitation eligibility, including diagnostic services and related services.
2. Counseling, guidance, and referral services.
3. Placement.
4. Training, tutoring, books, and other training materials.
5. Tools necessary for job placement. While State regulations exempt “tools” necessary for the performance of an occupation from financial participation (CCR 7028.4 and 7191(c)(5)), “equipment” is subject to financial participation. Equipment means machines, mechanical or electronic devices, or appliances or fixtures that an individual operates or activates to perform a task (CCR 7013.2).
6. Personal services including attendant care, sign and language interpreter, note taker, driver, and reader services.
7. Transportation costs up to the rate charged by the most economical public transportation available, or reimbursement for the operation of a private vehicle on a per mile basis at a rate established by the DOR.
8. Case service property, unless and until such a time as the title and legal ownership is transferred to the consumer (refer to [RAM Chapter 15](#)).
9. Job Coaching.

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1204.3 Documenting Financial Participation

The Rehabilitation Counselor or designated district staff will perform the following actions to document financial participation, when applicable:

- Document the consumer's receipt of public assistance and benefits in AWARE.
- Complete the DR 233 STATEMENT OF FINANCIAL STATUS form when financial participation applies.
- Document that the service provided is not exempt from financial participation in AWARE.
- Document financial participation received from the consumer in AWARE.

RAM Chapter 12, Exhibit B—Income Exemption Table - Calculation of Financial Participation—contains an income exemption table that shows the amount of a consumer's monthly income that is exempt when calculating the consumer's financial participation. These figures are to be used in completing the DR 233 form, Item 4. The median income level is adjusted annually by the Department of Finance and Exhibit B is updated accordingly, in compliance with CCR 7192(e).

Refer to the [AWARE Reference Guide](#) for procedures on documenting financial participation.

Refer to [RAM Chapter 17](#)—Cash Receipts—for information on processing payments of consumer financial participation to the DOR.

1205 Issuance of Consumer Goods and Services (12/17)

The DOR shall be responsible for ensuring the appropriate issuance, documentation, and delivery or receipt of consumer goods and services, including those issued for pre-plan assessments.

Except for the provision of pre-plan goods and services, the Rehabilitation Counselor will use the DR 215 INDIVIDUALIZED PLAN FOR EMPLOYMENT form to advise a consumer of his or her responsibilities regarding issued goods and services.

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Refer to [RAM Chapter 30](#) for information on developing the Individualized Plan for Employment (IPE).

1205.1 Providing 'Pre-Plan' Goods and Services

While consumer goods and services can be acquired for individuals prior to development of an IPE, it shall only be provided to:

- Complete an assessment for eligibility and priority category when existing data is unavailable, insufficient, or inappropriate.
- Complete a comprehensive assessment for development of an IPE, when existing data is unavailable, insufficient, or inappropriate.

For example, goods and services may be needed to determine eligibility by exploring an individual's capacity to perform in a trial work experience (TWE), during which time the individual may be provided with items needed to participate. Refer to [RAM Chapter 30, section 3024](#), for more information on TWE.

1205.2 Rental of Consumer Equipment

Equipment may be rented for consumer use provided the rental does not exceed three months or \$1,000, whichever occurs first, unless approved by the DOR Contract Officer. Only DOR forms are to be used; a contractor's rental agreement is not acceptable and must not be signed.

The Rehabilitation Counselor or designated district staff will perform the following actions:

- Contact the DOR Contract Officer, Contracts and Procurement Section (C&PS). The DOR Contract Officer may approve a longer duration or higher dollar amount for the rental, if justified, or may instruct on necessary steps to initiate a lease-purchase analysis before entering into a contract.
- Prepare three copies of the DR 202 EQUIPMENT RENTAL AGREEMENT form and DR 202A EXHIBIT A RENTAL TERMS AND CONDITIONS form, to be signed by the District Accounting Technician, Case Service Supervisor, or designee.
 - One copy is retained as the district accounting control copy. Two copies are forwarded to the vendor for signature and

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returned for signature of the Team Manager and District Administrator or designee. One copy is then sent to the vendor, and one copy retained in the district or branch office for the accounting control copy.

The Rehabilitation Counselor or designated district staff will perform the following actions when completing the DR 202 form:

- Clearly and accurately identify the parties entering into the agreement, including addresses.
- Provide a clear and complete statement of equipment being rented.
- Indicate the maximum amount to be paid. The contract must state the total cost of rental and the rate of payment (i.e., daily, weekly, monthly).
- The rental period must specify the beginning and termination dates.

The DR 202 form must not:

- State or imply any accord to indemnify a contractor.
- Assume responsibility for matters beyond the control of the DOR.
- Agree to make payments in advance.
- Accept any other provision creating a contingent liability against the State.
- Agree to obtain insurance to protect the contractor, property, etc.

A lease-purchase analysis is required prior to entering into a contract with a vendor when either:

- The rental period will exceed three months.
- The total rent will exceed \$1,000.

Refer to [Section 1205.4](#) for information of lease-purchase agreements.

1205.3 Rental of Storage Space for Stockroom Equipment

Rental of storage space for consumer stockroom equipment is an administrative expense. The [Business Services Section](#) (BSS) will coordinate the rental with either the Space Management Division or Department of General Services (DGS) Transportation Management.

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District staff will contact BSS for more information on rental of storage space for stockroom equipment.

1205.4 Lease-Purchase Analysis and Agreement

A lease-purchase analysis consists of comparing the purchase price of the item with the cost of leasing for the entire period of the lease. The least expensive option must be selected. If the more expensive method is chosen, a justification must be provided.

In no case shall state purchasing policies be circumvented through use of contracts containing options to purchase.

Contact C&PS for assistance in preparing the lease-purchase agreement.

1205.5 Moving of Consumer Equipment

All moves of consumer equipment, regardless of amount, require three price bids/quotes prior to Team Manager approval. The move is authorized on a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form to a licensed carrier and cannot be in excess of the minimum [California Public Utilities Commission \(CPUC\) rates and charges](#).

Contact DOR Accounting Services for assistance. Whenever possible, a licensed carrier shall be selected from the State's "List of Eligible Carriers."

Neither prepayment nor cash on delivery (COD) shall be used when moving consumer equipment.

The cost of moving equipment from one location to another shall not be confused with the original purchase delivery/shipping costs. The expense of a later move becomes a separate case service expense.

1205.6 Repairs to Consumer Equipment

Repairs to consumer equipment may be authorized with the approval of the Team Manager and if the equipment is necessary for the consumer to participate in VR services. Some repairs may be covered by a warranty; others will have separate requirements because of the type of equipment to be repaired.

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Before repairs are made to consumer equipment, it should be determined if the repair is cost effective; taking into account the original purchase price, the age of the equipment, current condition, and the cost of repair compared to the cost of replacement.

If the consumer is enrolled in a training course, the repairs are charged to the appropriate Training Equipment service code. If the equipment will be used for placement purposes, the repairs are charged to the appropriate Placement Equipment service code. Refer to [RAM Chapter 10, Exhibit A—Service Categories, Procedure Categories, and Procedure Codes](#).

Upon reissuance of equipment, repairs may be charged to the new consumer being issued the equipment, if it is not practical to charge the cost of repairs to the last consumer, as appropriate.

1205.7 Services Provided by Family Members

In some situations, the consumer may have a family member, or another closely associated person, who is able to provide a service under the IPE without pay, and who volunteers to do so.

If a family member or closely associated person is able to provide personal attendant services, but refuses to do so without pay, District Administrator prior approval is required. The District Administrator may authorize such services so long as the service is necessary for the VR program, comparable benefits are not available or appropriate, and there are no other providers available to provide these services (CCR 7169).

1205.8 Consumer Criminal Penalties

In accordance with 34 CFR 361 and CCR, Title 9, vocational rehabilitation goods and services are to be directed toward preparing a consumer to achieve a vocation goal and to enter, retain, or advance in competitive integrated employment. Payment of a consumer's penalties is not required to determine a consumer's disability, rehabilitation potential, or provide a consumer with skills or access to resources necessary to enter, retain, or advance in competitive integrated employment. As such, using case service funds to pay for a consumer's fines, judgements, penalties, or

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court-ordered programs resulting from criminal or illegal conduct is not considered allowable costs for VR goods and services.

The DOR shall not pay for criminal fines, removal of criminal convictions, or the costs of programs related to criminal convictions, such as DUI programs, with case service funds. The DOR has determined that expending these funds for criminal penalties, Department of Motor Vehicle (DMV) penalties, or other similar costs is not consistent with the purpose for which funds were received, i.e., providing consumer VR services.

1206 Documenting Issuance of Goods and Services (12/17)

The DOR shall maintain a separation of duties ([RAM Chapter 11, Exhibit A](#)) and document in an individual's record of services the issuance of consumer goods and services with three key elements of the procurement process:

1. Necessity
2. Requisition
3. Authorizing document(s)

1206.1 Documenting the Necessity

The Rehabilitation Counselor will use an individual's record of services case notes and the IPE to document the necessity for issuance of consumer goods and services. In collaboration with the consumer, the Rehabilitation Counselor's determination of appropriate goods and services is sufficient justification of necessity.

1206.2 Documenting the Requisition

The Rehabilitation Counselor or designated district staff will use an AWARE "Activity Due" to document the request to purchase goods and services or to reissue a previously purchased item from the storeroom, in accordance with [RAM Chapter 30, Section 3092](#).

Designated district staff will perform the following actions:

- Ensure that prior approval requirements, if any, are documented in accordance with RAM Chapter 12, Exhibit A and Exhibit C. Refer to [Section 1202](#).

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- Complete and document the bidding process and vendor selection, and determine the best value, in accordance with [RAM Chapter 9](#) procurement policies.

1206.3 Documenting the Authorizing Document

After documenting both the ‘necessity’ in the IPE and the ‘request’ in the Activity Due, the DOR designated district support staff will complete the appropriate authorizing document(s) prior to the provision of vocational rehabilitation goods and services.

Refer to [RAM Chapter 11](#) for more information on authorizing documents and separation of duties.

1207 Personal Goal Services (12/17)

Personal Goal (PG) services are non-vocational, specialized services provided to visually impaired individuals who are not consumers of VR services. They are intended to help these individuals achieve independence in the home or community rather than employment.

The Rehabilitation Counselor and designated district staff will refer to CCR 7272 for PG services requirements.

Personal Goal services may only be non-vocational services and:

- Shall be provided directly in the individual’s home or a community-based setting.
- Do not expend VR case service funds. Under no condition shall an authorization document be created for a PG record.
- Are coded administrative Organization Code 0054 and Object Code 5081.

An individual is eligible for non-vocational services if he or she meets both of the following conditions:

- The individual is ineligible for, or is not interested in, receiving VR services under the VR program; and,
- The individual qualifies as a “blind person” under the definition of the Welfare and Institutions Code, section 19153.

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The following conditions must also be met:

- The individual must be at least 18 years of age and a California resident with no present intention of leaving California.
- The individual has a demonstrated need for specialized services.
- There is a reasonable expectation that the individual has the ability to substantially benefit from the specialized services within a limited time.

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1208 Business Enterprises Program (12/17)

The Business Enterprises Program (BEP) provides training and employment for persons who are legally blind in the management of food service and vending facilities, on public and private properties throughout the state. Other services include the design and installation of new facilities, remodeling of older facilities, training of new vendors, consultation to all vendors to improve profitability of their businesses, and general oversight.

A consumer interested in entering BEP training must meet the following criteria:

- Be a citizen of the United States.
- Be legally blind.
- Pass a Tuberculin test with negative results.
- Pass the BEP qualifying math test and other pre-training courses.
- Have adequate skills in activities of daily living, communication, orientation and mobility, and the ability to use adaptive aids.
- Complete a one-month pre-training evaluation with a local BEP facility.
- Be accepted for the program by the Applicant Review Panel.

Refer to the [BEP page](#) on the /NDOR intranet for reports, training contact information, and Rehabilitation Counselor Resources, including:

- BEP Program Checklist
- BEP Consumer Handbook

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- BEP Referral Guide
- Training Course Description

Contact the BEP section for more information and for support in assisting a consumer interested in the BEP training program, at 916-558-5345, or by email at bepinfo@dor.ca.gov.

1209 Case Service Property (12/17)

Case service property is DOR-owned property loaned to a consumer. The DOR shall demonstrate responsible administration of the vocational rehabilitation (VR) program, including appropriate management and oversight of case service property, in accordance with RAM Chapter 15, as follows:

- Section 15000—Case Service Property
- Section 15100—Consumer Contribution to the Cost of Case Service Property
- Section 15200—Issuance of Case Service Property
- Section 15300—Documenting Issuance of Case Service Property
- Section 15400—Disposition of Case Service Property
- Section 15500—Case Service Property Taken Out of State or Held In-State in a Training Center
- Section 15600—Vehicle: Purchase
- Section 15700—Vehicle: Issuance and Reissuance
- Section 15800—Vehicle: Ownership
- Section 15900—Vehicle: Disposition
- Case Service Property Records and Forms

Refer to [RAM Chapter 15—Case Service Property](#).

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1210 MEDICAL REQUIREMENTS (12/17)

This section contains common policies related to the provision of medical goods and services, applicable regardless of the specific service category, procedure category, or procedure code being authorized. District staff will apply the policies in this section in association with [Section 1200—General Requirements](#).

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Medical Requirements:

- Applicable Definitions (34 CFR 361.5)
- Written policies governing the provision of services for individuals with disabilities (34 CFR 361.50)
- Physical and Mental Restoration Services (CCR 7020)
- Similar Benefits and Comparable Services and Benefits – General Requirements (CCR 7196)
- Authorization of Services – Requirements (CCR 7311)
- Rates of Payment – Requirements (CCR 7321)

[Go to CCR.](#)

1211 Physical and Mental Restoration (12/17)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Physical and Mental Restoration:

- Applicable Definitions (34 CFR 361.5)
- Physical and Mental Restoration Services (CCR 7020)

Physical and Mental Restoration (PR), as defined in 34 CFR 361.5 and CCR 7020, is divided into the following two general types of services:

1. Examination/evaluation
2. Treatment services and devices

1211.1 What Physical and Mental Restoration Is and Is Not

Physical and Mental Restoration is the following:

- Medically necessary.

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- Prescribed by a qualified health care professional as determined by the Department of Consumer Affairs.
- A service/purchase that can correct or substantially modify a physical/mental condition.
- Time-limited.
- Included as part of the Individualized Plan for Employment (IPE), as required to help determine appropriate IPE goals, or as require to determine eligibility or priority for services.

Physical and Mental Restoration is not the following:

- An optional or desired upgrade.
- Provided at-will for a non-medical purpose.
- Assistive Technology.
- Ongoing or life-long medical support.
- Provided at-will without inclusion in the IPE.

Medical services may be provided as follows:

1. An **applicant**, including an individual in Trial Work Experience (TWE), may receive only those medical services required to determine eligibility or priority for services. This will almost always be a medical evaluation.
2. An **eligible individual** may receive only those medical services required to help determine appropriate IPE goals. This will almost always be a medical evaluation.
3. A **consumer in service status** may receive only those medical services required to achieve his or her employment outcome.
4. A **consumer in post-employment services** (PES) may receive only those medical services required to maintain his or her employment.

The following sections describe policies related to PR. More specific definitions, descriptions, and procedures can be found in the [Medical Services Unit \(MSU\) Desk Manual](#).

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1212 Authorizing Medical Goods and Services (12/17)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Authorizing Medical Goods and Services:

- Written policies governing the provision of services for individuals with disabilities (34 CFR 361.50)
- Authorization of Services – Requirements (CCR 7311)

Consistent with 34 CFR 361.50 and CCR 7311, medical services and devices shall be authorized in writing prior to their provision.

Reimbursement to the consumer is not allowed for medical services/devices. Additional approvals may be required, as listed in [RAM Chapter 12, Exhibit C](#), prior to authorization.

The DR 297C AUTHORIZATION AND INVOICE FOR MEDICAL SERVICES form shall be used to authorize all medical documentation, evaluations, treatment services, medical device repairs, and medical devices and equipment under \$100.

The DR 297D PURCHASING AUTHORITY PURCHASE ORDER form shall be used to authorize all medical devices and equipment over \$100.

Refer to the [MSU Desk Manual](#) and [RAM Chapter 9](#)—Procurement—for procedures related to purchasing medical services and devices.

[Go to CCR.](#)

1213 Medical Procedure Codes and Rates (03/16)

The Rehabilitation Counselor and designated district staff will refer to CCR 7321—Rates of Payment – Requirements—for Medical Procedure Codes and Rates requirements.

The DOR aligns its library of medical codes with the national Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS, often pronounced "hick picks"). These are standardized coding languages that facilitate uniform billing and communication among physicians, accreditation organizations, and insurance carriers for medical services and supplies. The American

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Dental Association (ADA) maintains its own codes and descriptions for dental services and procedures; the set is called Current Dental Terminology (CDT).

The DOR primarily utilizes the available codes and rates listed by the Department of Health Care Services Medi-Cal program. Maximum rates of payment for authorized goods and services are regulated by established authorities, one of which is the California State Schedule of Maximum Allowances (SMA) published by the Department of Health Care Services regulating maximum amounts payable for medical and related services (CCR 7321).

All services or devices must be pre-authorized. Though the DOR primarily follows the SMA, in rare circumstances it may be necessary to allow a rate exception. District Administrators can certify general rate exceptions (refer to [MSU Desk Manual Chapter 15](#)). The rate exception shall be valid for one provider and his or her designated procedure codes for one year. If the district cannot locate another provider who will accept DOR rates or negotiate a lower rate within that timeframe, the District Administrator can renew the exception by completing another certification at the time of renewal.

Though most procedure codes have specific descriptions, “unlisted” codes are typically described with the words “Unlisted procedure” followed by words that provide a general description, as opposed to a very “specific” description (e.g., 66999 Unlisted procedure, anterior segment of eye). District staff shall not use an unlisted code when there is a listed code available for the service, unless approval has been obtained, as allowed by [RAM Chapter 12, Exhibit C](#).

Though most procedure codes have an established rate, those that do not are called “by report” codes. DOR determines the rate to be paid and district staff is expected to use prudent judgment in seeking a fair price for such services or devices. DOR staff shall not use a by-report procedure code when there is a procedure code with an established rate, unless approval has been obtained as allowed by [RAM Chapter 12, Exhibit C](#).

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District staff will perform the following actions:

- List all appropriate and necessary procedure codes on the authorization.
- Request specific procedure codes from the medical professional providing the medical service or device.

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1214 Comparable Services and Benefits—Medical (12/17)

The Rehabilitation Counselor and designated district staff will refer to CCR 7196—Similar Benefits and Comparable Services and Benefits – General Requirements.

Medically-related comparable services and benefits are health-related services and commodities that are provided or paid for, in whole or in part, by other federal, state, or local public agencies, by health insurance, or by employee benefits. These comparable services and benefits must be available at the time needed to ensure the progress of achieving an employment outcome in the consumer's IPE.

The Rehabilitation Counselor, in collaboration with the consumer, will make maximum efforts to identify and secure available comparable services and benefits (CCR 7196).

The Rehabilitation Counselor, for the purpose of determining DOR sponsorship of medical services, will perform the following activities:

- Determine when comparable services and benefits are available.
- Deny services for which the similar benefit is available, as appropriate.
- Document this determination.

If the consumer refuses to apply for or use the similar benefit, the DOR may possibly deny provision of the service(s) for which the similar benefit is available. This does not preclude provision of other services for which there are no similar benefits, providing the IPE remains viable and will most likely succeed without the provision of the service that was denied.

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An itemized proof of payment, Explanation of Benefits (EOB), or denial from the comparable benefit or co-payer must be presented with any invoice to the DOR before the DOR will make payment. The DOR, as a government entity, must ensure that a substitute item was not paid for by other government programs such as Medi-Cal or Medicare, and the documentation clearly supports the denial of the specific item. If the insurance denied specific units or components, a denial document is required to outline the specific of the denial so that DOR can cover the remaining units or components that the insurance did not cover.

Except with Medi-Cal, the DOR will pay the difference between the amount authorized by the DOR and the amount paid by co-payer(s). In regard to Medi-Cal, the amount paid by Medi-Cal is considered full payment.

If there is a specific item that Medi-Cal denies, the DOR can pay for that specific item. The items billed to the co-payer must be the same as those billed to the DOR because any denial must be for the specific item authorized by the DOR. The DOR and co-payer payment constitutes payment in full and the consumer is not responsible for any portion. The Rehabilitation Counselor is responsible to counsel the consumer that, except for any share of cost requirements required by Medi-Cal, he or she is not to commit financial responsibility beyond the amount provided in the DOR authorization for the goods or services.

When the DOR authorizes a good or service and an insurance carrier pays for part of it, the DOR can pay for the remaining balance, except with Medi-Cal. If the insurance carrier denies specific items or authorized components of the item, the DOR may pay for those items.

Medicare and private insurance carriers are handled in the same way. The DOR may pay for the portion of the co-payment/deductible not covered by Medicare, including the consumer's co-payment/deductible. The total amount paid by Medicare and the DOR must not exceed the total amount authorized.

When Medi-Cal co-pays with Medicare, (often referred to as a Medi-Medi) the DOR cannot pay the consumer's "share of cost" if one has been determined by Medi-Cal. If a payment is made by the DOR, the combined

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payment of Medicare, Medi-Cal, and the DOR cannot exceed the total amount authorized by the DOR.

Medi-Cal, like the DOR, considers its payment full remuneration for purchases and goods rendered. However, if there is a specific item that Medi-Cal denies, the DOR may pay for that specific item. Such payment is not a co-payment since the services are identifiable "units" not covered by Medi-Cal. Because the DOR and Medi-Cal utilize the same payment rates, additional payment is not made for services which have been reimbursed by Medi-Cal. On other coverages, the DOR provides for payment of the maximum allowance, less the amount paid from other sources. This payment is therefore accepted by the medical provider as constituting full and complete reimbursement for the service.

Refer to the [MSU Desk Manual](#) for more specific definitions, descriptions, and procedures.

Refer to [Section 1203](#) for general Comparable Services and Benefits requirements.

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1220 VR GOODS AND SERVICES: A–B (12/17)

Consumer goods and services assist the consumer in achieving an employment outcome. The Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA) and State regulation CCR 7149, specify goods and services that may be provided under the authority of the VR program.

This section includes services beginning with the letters A through B, as follows:

- [Assessments/Evaluations](#)
- [Assistive Technology Assessments/Evaluations](#)
- [Assistive Technology Devices](#)
- [Assistive Technology Training](#)
- [Business Based Services](#)
- [Business/Professional Service Fees](#)

1221 Assessments/Evaluations (12/17)

The Assessments/Evaluations service category includes the following procedure categories:

- [Vocational Assessment](#)
- [Situational Assessment](#)
- [Vocational Evaluation](#)
- [Independent Living Evaluations](#)
- [Communication Skills Assessment](#)
- [Driver Assessment \(Non-A.T.\)](#)

Assessment/Evaluations determine a DOR consumer's capabilities through performance evaluation, observation, and systematic methodologies. These results provide guidance for DOR Rehabilitation Counselors in determining eligibility and the nature and scope of DOR services to be provided.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Assessments/Evaluations requirements:

- Assessment to Determining Eligibility and Vocational Rehabilitation Needs (CCR 7001.5)
- Clear and Convincing Evidence (CCR 7004.6)
- Maintenance (CCR 7019)
- Ongoing Support Services (CCR 7019.5)
- Informed Choice (CCR 7029.6)
- Assessment for Determining Eligibility and Priority for Services (CCR 7062)
- Maintenance (CCR 7177)

Assessments/Evaluations means, as appropriate to the individual case:

- A review of existing data to determine if an individual is eligible for VR services, and to assign priority for Order of Selection.
- A provision of appropriate assessment activities to obtain the necessary additional data to make an eligibility determination and assignment.
- A comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment, of the eligible individual.
- Referral to assess and develop the capacities of the individual to perform in a work environment.
- An exploration of the individual's abilities, capabilities, and capacity to perform in work situations, which must be assessed periodically during trial work experiences (refer to [RAM Chapter 30](#)), including experiences in which the individual is provided appropriate supports and training.

The DOR must conduct any assessment or evaluation in the most integrated setting possible, consistent with the individual's needs and informed choice. The Rehabilitation Counselor or designated district staff will assist the individual to exercise informed choice throughout the VR process, including in decisions related to the provision of assessment services.

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The DOR must presume that an individual with a physical or mental impairment that is a substantial impediment to employment can benefit from VR services in terms of an employment outcome, unless there is clear and convincing evidence that the individual is incapable of benefiting from VR services due to the severity of the disability. The demonstration of clear and convincing evidence must include, if appropriate:

- A description of assessments, including situational and supported employment assessments, from the service providers who have concluded that they are unable to meet the applicant's needs due to the severity of the disability.
- A functional assessment of skill development activities, with any necessary supports (including assistive technology), in real life settings.

District staff will inform the individual that the DOR may provide maintenance when the individual is participating in an assessment or evaluation.

No payment will be paid for consumer absences at assessments or evaluations; except in programs not exceeding 15 days, in which case absences of up to two days may be paid with the understanding that the consumer will receive help in making up the missed time. If the consumer is absent for more than two days, all absences will be deducted.

Refer to the following for more information on specialized evaluation services, which are subject to their own procedure codes:

- [Section 1222—Assistive Technology Assessments/Evaluations](#), including Mobility Evaluations (Vehicle).
- [Section 1234.1—Dental Evaluation](#)
- [Section 1235.1—Durable Medical Equipment Evaluation](#)
- [Section 1237.8—Medical Evaluation](#)
- [Section 1238.1—Hearing and Speech Evaluation](#)
- [Section 1253.1—Orientation and Non-Vehicle Mobility Evaluations](#)
- [Section 1265.1—Psychological Evaluation](#)
- [Section 1294.1—Vision Evaluation](#)

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Refer to [RAM Chapter 10, Exhibit A](#), for more information on service categories, procedure categories, and procedure codes.

Refer to [RAM Chapter 30](#) for more information on assessment of eligibility and priority for services, including Trial Work Experience (TWE).

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1221.1 Vocational Assessment

Vocational Assessment is a service that assesses basic information about a DOR consumer's current educational and vocational levels, abilities, and interest through an interview. This service helps to determine the nature and scope of DOR services to be provided.

1221.2 Situational Assessment

Situational Assessments assist individuals with disabilities by evaluating their vocational potential through real work, simulated work, or career exploration in various integrated settings within the community. This assessment provides information about a consumer's strengths, interests, abilities, and barriers to employment.

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Situational Assessment Service Providers.

1221.3 Vocational Evaluation

Vocational Evaluation is an individualized systematic process by which a DOR consumer, with an evaluator, uses standardized methodologies to identify viable vocational options for the development of employment and rehabilitation goals.

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Vocational Evaluators.

1221.4 Independent Living Evaluation

Independent Living Evaluations are comprehensive or limited written assessments of independent living skills or needs, which can include but

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are not limited to personal, social, economic, housing, attendant care, and independent living areas.

1221.5 Communication Skills Assessment

In a group or individual setting, the consumer is assessed and trained in the skills necessary to communicate effectively at work, home, or in the community. These skills include sign language, braille, and other means of communication.

1221.6 Driver Assessment (Non-A.T.)

Driver Assessment (Non-A.T.) is an assessment of a DOR consumer's physical, mental, and cognitive capabilities to perform the task of driving safely and independently.

Refer to [Section 1222.4](#) for information on Driver Assessment (Assistive Technology).

1222 Assistive Technology Assessments/Evaluations (12/17)

This service category includes the following procedure categories:

- [Driver/Passenger Mobility Evaluation \(Vehicle\)](#)
- [Assistive Technology Assessment](#)
- [Driver Assessment \(Assistive Technology\)](#)

Assistive Technology Assessment/Evaluation is the evaluation of a DOR consumer to determine the type of assistive technology device(s) needed to compensate for the loss of a particular function.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Assistive Technology Assessments/Evaluations requirements:

- Assistive Technology Service (CCR 7002.5)
- Assessment to Determine Eligibility and Vocational Rehabilitation Needs (CCR 7001.5)
- Rehabilitation Technology (CCR 7024.7)
- Vehicle Purchase (CCR 7164)

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- Mobility Evaluations (CCR 7164.4)
- Mobility Evaluation—Waivers (CCR 7164.6)
- Standards for Mobility Evaluation Programs (CCR 7302) (b)

[Go to CCR.](#)

1222.1 Driver/Passenger Mobility Evaluation (Vehicle)

Driver/Passenger Mobility Evaluation (Vehicle) is used to determine if a consumer has the potential to be a safe and independent driver, or to be a passenger in a vehicle, and to identify the most efficient equipment required.

A driver mobility evaluation assesses a consumer's functional abilities related to driving. For a consumer who does not have a current driver license, the evaluation will provide a determination of whether the consumer has the potential to obtain one. It will also provide specifications of appropriate modifications or adaptive driving equipment, and an estimate of the amount and type of driver instruction needed by the consumer.

A passenger mobility evaluation determines the consumer's functional abilities and the modifications or equipment needed for safety as a passenger. It may be authorized when a consumer's functional limitations preclude safe and independent driving and the consumer wishes to be a passenger. In these cases, the consumer must agree that the driver will be licensed, approved by the Rehabilitation Counselor, and provided with instructions regarding any modifications. Only the approved driver shall be used at all times while the record of services remains open. The Rehabilitation Counselor must obtain this information and submit it to the [Mobility Evaluation Program](#) (MEP) prior to provision of modification services.

The mobility evaluation may also include a wheelchair evaluation. Whether the consumer wishes to drive a vehicle or be a passenger, the existing wheelchair must be suited for use inside a modified vehicle. When a wheelchair evaluation is requested by the mobility evaluator, it must be separately authorized using the DR 17B WHEELCHAIR EVALUATION form. The MEP will discuss a consumer's needs with the Rehabilitation Counselor and recommend an appropriate evaluator. Wheelchair evaluations that are

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conducted by a Physical Therapist or Occupational Therapist require a medical code. Questions about medical authorizations, codes, or rates may be directed to the [DOR Medical Services Unit](#) (MSU).

1222.2 Mobility Evaluation Standards and Requirements

Before the DOR may purchase vehicle modifications for a consumer, either a Mobility Evaluation or a “Waiver of Mobility Evaluation” is required. The MEP is the initial and primary contact for the Rehabilitation Counselor considering rehabilitation technology for mobility services.

Mobility evaluations are conducted by the MEP or a DOR certified, third-party mobility evaluation program.

Prior to initiating a mobility evaluation referral, the following requirements must be met:

- The Rehabilitation Counselor must determine the consumer's transportation needs.
- The consumer must be licensed or have a valid permit to drive in California; any restrictions or violations must be noted.
- The consumer must meet all conditions required to purchase a state-owned vehicle, whether or not a consumer will use his or her own vehicle for modification.
- The District Administrator must approve the mobility evaluation referral.
- If a Waiver of Mobility Evaluation is requested, the District Administrator must first approve a referral to the MEP and then request a waiver. The MEP Program Manager will determine eligibility for the waiver, using the criteria described in CCR, title 9, section 7164.6.

The Rehabilitation Counselor will authorize the necessary travel and lodging expenses for a consumer during the assessment and training period (refer to [Section 1244—Maintenance](#)). The MEP staff will provide the Rehabilitation Counselor assistance with locating lodging and other services.

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A Mobility Evaluation Report (MER) will be provided within 30 days of the mobility evaluation. The MER will describe the most appropriate and cost-effective approach to modified equipment requirements. Contracts and Procurement Section uses the MER to prepare a bid solicitation for the modification work.

Refer to the [RAM Chapter 15 Vehicles Desk Manual](#) for procedures related to mobility evaluations, mobility evaluation reports, and mobility evaluation waivers.

1222.3 Assistive Technology Assessment

An Assistive Technology Assessment is used to identify and evaluate the A.T. devices available to a DOR consumer to compensate for the loss of functioning capacity.

The assessment may be performed in the consumer's home or work environment; it includes a functional evaluation of the individual in his or her customary environment and determines assistive technology needs.

Assistive technology may be identified for computer systems, listening aids, visual supports, augmentative communication, or home modification (e.g., wheelchair lifts).

Vehicle and driver assessments are recorded separately and are excluded from this procedure category.

A vendor who evaluates a consumer's need for A.T. must be other than the vendor who provides the recommended goods and services.

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Technology Assessment Service Providers.

1222.4 Driver Assessment (Assistive Technology)

Adaptive Driving Equipment Assessment is used to identify and evaluate the adaptive driving equipment, aids, or devices available to assist a DOR consumer in operating a motor vehicle.

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A vendor who evaluates a consumer's need for vehicular A.T. must be other than the vendor who provides the recommended goods and services.

1223 Assistive Technology Devices (12/17)

This service category includes the following procedure categories:

- [Assistive Technology Devices](#)
- [Assistive Technology Computer Software/Peripherals](#)

The VRSD teams will differentiate A.T. devices from medical devices. Assistive Technology devices do not require a prescription and typically do not have a medical procedure code.

Additionally, A.T. devices must be recorded separately from their non-A.T. counterparts. For example, an A.T. keyboard is distinct from the non-A.T. computer to which it connects.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Assistive Technology Devices requirements:

- Assistive Technology Devices (CCR 7002)
- Assistive Technology Services (CCR 7002.5)
- Rehabilitation Technology (CCR 7024.7)
- Telecommunication, Sensory and Other Technological Aids and Devices (CCR 7172)

Assistive Technology Devices are subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Technology System Installation/Set-Up.

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1223.1 Assistive Technology Devices

Assistive Technology Devices are any items, pieces of equipment, or product systems—whether acquired commercially off the shelf, modified, or

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customized—used to increase, maintain, or improve the functional capabilities of individuals with disabilities. This includes purchasing, renting, leasing, modifying, repairing (including parts), or otherwise providing for the acquisition of A.T. devices.

Electric personal assistive mobility devices (EPAMD)¹, such as autoettes, golf carts, motorized bikes, and scooters, may be purchased as alternative methods of transportation. These are typically classified as A.T. and do not require a mobility evaluation. If a motorized mini-vehicle is prescribed by a physician, then the mini-vehicle is coded as a medical device and should be processed through MSU procedures (refer to [Section 1213](#)).

The following A.T. subsets are excluded from the Assistive Technology Devices procedure category:

- Computer-related A.T. devices (refer to [Section 1223.2—Assistive Technology Computer Software/Peripherals](#)).
- Assistive technology used for vehicle modification (refer to [Section 1292—Vehicle Modification](#))

The Rehabilitation Counselor may authorize medical or psychological evaluation of a consumer's ability to safely operate any type of EPAMD.

Refer to [Section 1237.8](#) and [Section 1265.1](#) for further information on medical and psychological evaluations, respectively.

1223.2 Assistive Technology Computer Software/Peripherals

Assistive Technology Computer Software/Peripherals are computer software or peripherals utilized as A.T. by the individual with a disability to compensate for a loss of function.

This procedure category may also include technical services that are bundled with the purchase of the software/peripheral, such as the following:

- Coordinating the use of other interventions/services with the device, such as those associated with existing education and rehabilitation plans and programs.

¹ California Vehicle Code Section 21281

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- Systems integration.
- Installation or configuration.
- Training and technical assistance for the consumer, or for the consumer's family, employer, or others impacting the consumer's IPE goal, if appropriate.

1224 Assistive Technology Training (12/17)

This service category includes the following procedure categories:

- [Assistive Technology Training](#)
- [Computer Tutors \(Assistive Technology\)](#)
- [Driver Instruction \(Assistive Technology\)](#)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Assistive Technology Training requirements:

- Assistive Technology Services (CCR 7002.5)
- Rehabilitation Technology (CCR 7024.7)

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Technology System Training Providers.

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1224.1 Assistive Technology Training

Assistive Technology Training is the provision of technical assistance for A.T. devices or rehabilitation technology needed to achieve an employment goal.

Services in this procedure category include training, consumer technical assistance, installation, set-up, configuration, systems integration, and the coordination of the A.T. device with other interventions or services.

This category excludes the purchase of computer-related A.T., computer-related technical assistance for computers, and the fabrication of specialized items.

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1224.2 Computer Tutors (Assistive Technology)

Computer Tutors (Assistive Technology) provide basic installation, set-up, troubleshooting, and training for computer-related assistive technology. These services are designed for individuals who have little or no experience in the use of A.T.

1224.3 Driver Instruction (Assistive Technology)

Driver Instruction (Assistive Technology) provides training to prepare individuals with disabilities to safely drive with adaptive driving equipment and, if needed, to successfully pass the Department of Motor Vehicles licensing exam.

The recommended type and amount of adaptive driving instruction is provided by the Mobility Evaluation Program (MEP), initially in the mobility evaluation report and, later, based on the consumer's progress in driver training.

Adaptive driving instruction is done only by specially trained staff. It is conducted either by an MEP driving instructor or by a DOR-approved driving instructor. If a third-party driving instructor is used, the Rehabilitation Counselor will authorize the driving instructor recommended by the MEP.

1225 Business Based Services (12/17)

Business Based Service is a training program designed to meet the special requirements of an employer who has entered into an agreement with a service delivery area to hire individuals who are trained to the employer's specifications. The training may occur at the employer's site or be provided by a training vendor able to meet the employer's requirements. Such training usually requires a commitment from the employer to hire a specified number of trainees who satisfactorily complete the training.

1226 Business/Professional Service Fees (12/17)

Business/Professional Service Fees is the costs to obtain any license, permit, fees, or dues required to engage in an occupation, e.g., union dues, model fee for cosmetology or barber exams, posting bonds, multiple listing fees, real estate exams, bar exams, or (non-vehicle) liability insurance. This

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does not include travel or transportation, maintenance, and subsistence cost while in travel or training status.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Business/Professional Service Fees requirements:

- Self-Employment; Scope of Services Provided for a Self-Employment Setting (CCR 7137)
- Occupational Licenses, Tools and Equipment (CCR 7173)

The following are examples of Business/Professional Service licenses and examination fees:

- License for sale of soft drinks, tobacco, food, etc.
- License or permit or other written authority required by State, City, County, or other government unit, for the consumer to practice an occupation (e.g., cosmetology or barber examination).
- Fees such as teaching credential fees, etc.

District staff will authorize Business/Professional Services Fees to the licensing or examining board on a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form. When immediate payment is required, district staff will prepare a DR 297A INVOICE form and stamp it with "Immediate Payment Demanded." These service fee payments are made from the District Revolving Fund (refer to [RAM Chapter 16](#)).

In the instance when the vendor will accept Visa card payments, the Consumer Cal-Card may be used for payment. The DOR cardholder will maintain the original copy of the DR 297B form and process the purchase via the Consumer Cal-Card, following the procedures outlined in the [RAM Chapter 9, Exhibit D—Cal-Card Guidelines](#).

A STD 204 PAYEE DATA RECORD form must be on file before the revolving fund check can be issued, and must be included in the documentation for Consumer Cal-Card (refer to [RAM Chapter 11](#)).

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1226.1 Seller's Permit

A seller's permit is required for a consumer engaged in business in California, or who intends to sell or lease tangible personal property that is ordinarily subject to sales tax. A seller's permit application is obtained from the [State Board of Equalization](#). There is no fee for the permit; however, the board may require a security deposit to cover any unpaid taxes that may be owed if, at a later date, the business closes. The amount of the security will be determined at the time of application. This deposit may vary in amount, depending on the volume of business.

The security deposit may be authorized on a DR 297B form, using the Consumer Cal-Card for payment.

1226.2 Model or Attendant Expenses for Consumer License or Examination

Model (e.g., cosmetology) or attendant expenses, including travel costs incurred to assist a consumer in either acquiring a license or taking an examination, are authorized on a DR 297B form.

Refer to [RAM Chapter 29, Exhibit A](#), for more information on Attendant Services.

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1230 VR GOODS AND SERVICES: C–H (12/17)

This section includes services beginning with the letters C through H, as follows:

- [Clothing](#)
- [Cooperative Employment Services](#)
- [Counseling, Referral, and Benefits Advisement](#)
- [Dental](#)
- [Durable Medical Equipment](#)
- [Employment Services](#)
- [General Medical Alcohol and Drug Services](#)
- [Hearing and Speech](#)

1231 Clothing (12/17)

The Clothing service category includes clothing or uniform purchases that relate to job seeking or placement, or that are required for a training program (i.e., the training program requires the participant to have a particular uniform, shoes, or safety equipment). Clothing purchases must be necessitated by the individual's participation in the VR program.

The purchase of clothing is not considered as maintenance. Refer to [Section 1244](#) for more information about Maintenance.

1232 Cooperative Employment Services (12/17)

Cooperative Employment Services is used for contract groups such as Education Cooperative Programs and Mental Health Cooperative Programs.

Case service and cooperative program contracts are contracts between the DOR and a public/non-profit community facility for the provision of VR services to DOR consumers. These contracts obligate the DOR to reimburse facilities for an agreed upon cost. The facility is obligated to make services available to DOR consumers according to the provisions of the contract.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Cooperative Employment Services requirements:

- Third-party cooperative arrangements involving funds from other public agencies (34 CFR 361.28)

The cooperative program contract “types” include but are not limited to:

- College to Career (C2C)
- Transition Partnership Projects (TPP)
- WorkAbility II (WA II)
- WorkAbility III (WA III)
- Workability IV (WA IV)
- Mental Health Cooperative Programs (MH)

The Rehabilitation Counselor and designated district staff will become familiar with cooperative program contracts for the purpose of determining the primary contract service provider at the time services are requested.

Refer to the [Contract Handbook for Case Services and Cooperative Program Agreements](#) or contact the [Cooperative Programs Section](#) for more information.

Refer to [RAM Chapter 10](#) for more information on Cooperative Program Contracts.

1233 Counseling, Referral, and Benefits Advisement (12/17)

This service category includes the following procedure categories:

- [Counseling/Guidance](#)
- [Referral Services](#)
- [Benefits Counseling](#)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Counseling, Referral, and Benefits Advisement requirements:

- Rehabilitation Counselor (CCR 7024)
- Processing Referrals of Individuals to Other Agencies (CCR 7037)

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- Counseling, Guidance, and Referral Services (CCR 7151)

Counseling, Referral, and Benefit Advisement services are exempt from the client financial participation requirement and under no circumstances shall any consumer be asked to participate in the cost of these services (CCR 7191).

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1233.1 Counseling/Guidance

Counseling/Guidance is the core service from which all other VR services are identified, justified, and provided. Through this process, the DOR assists applicants and consumers to understand and focus on the vocational significance of their functional limitations, aptitudes, interests, personal and/or social problems. The DOR counselor assists the applicant to select a vocational objective and VR services necessary to achieve an employment outcome.

1233.2 Referral Services

Referral Services is assistance to an applicant or consumer to request other community resources, to apply for public and private benefits, to write a Social Security work incentive plan such as a Plan for Achieving Self Support (PASS), and to understand complex benefit applications and eligibility processes.

1233.3 Benefits Counseling

Benefits counseling assists individuals with disabilities to identify and understand resources available in the public and private sectors.

The Rehabilitation Counselor or designated district staff will typically arrange for benefits counseling to be provided by a DOR Work Incentives Planner (WIP). Services must be documented in the consumer's record of services.

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1234 Dental (12/17)

This service category includes the following procedure categories:

- [Dental Evaluation](#)
- [Dental Services](#)

Dental is the branch of medical science concerned with the diagnosis, prevention, and treatment of diseases of the teeth, gums, and related structures of the mouth. This service category includes evaluation, assessment, and consultation provided by dentists and other dental specialists, such as orthodontists, periodontists, oral surgeons, etc.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Dental requirements:

- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 6—Dental Services.

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1234.1 Dental Evaluation

Oral exams and evaluations and preliminary consultation related to dental procedures; includes all dental X-rays, cultures, samples, tests, office visits, and some minor procedures involved in evaluations.

1234.2 Dental Services

All dental treatment, including both conservative and extensive procedures, such as extractions, fillings, crowns, root canals, dentures, dental prosthesis, and oral surgery.

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1235 Durable Medical Equipment (12/17)

This Service Category includes the following Procedure Categories:

- [Durable Medical Equipment Evaluation](#)
- [Durable Medical Equipment Services](#)
- [Durable Medical Equipment](#)

Durable Medical Equipment (DME) is equipment prescribed by a licensed practitioner to meet the medical equipment needs of the consumer. There are four criteria for DME, as follows:

- 1) It can withstand repeated use.
- 2) It is used to serve a medical purpose.
- 3) It is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly.
- 4) It is appropriate for use in or out of the patient's home.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Durable Medical Equipment requirements:

- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 7—Durable Medical Equipment.

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1235.1 Durable Medical Equipment Evaluation

Wheelchair or other DME evaluation and report by a physician, physical therapist, or occupational therapist.

1235.2 Durable Medical Equipment Services

Wheelchair management, DME repair, or other DME services.

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1235.3 Durable Medical Equipment

Canes, crutches, walkers, hospital beds, oxygen and related respiratory equipment, wheelchairs, and other equipment that meets the DME criteria.

Durable Medical Equipment is subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

1236 Employment Services (12/17)

Employment Services components provide assistance in the development of job search skills, coordination of job search activities, identification of appropriate job openings, and retention of employment outcomes.

The Rehabilitation Counselor or designated district staff will perform the following activities when authorizing Employment Services:

- Authorize based on results of an assessment or information indicating the need for an Employment Services program.
- Complete, as necessary, the CRP referral forms and provide pertinent information from the record of services, including the identification of training needs.
- Obtain the Individualized Services Plan detailing goals and objectives, proposed training activities, and projected hours and timelines
- Obtain monthly written progress reports that identify the Individualized Services Plan objectives and training areas worked on during the month, hours, and dates of provided services, utilized approaches, and upcoming activities.
- Obtain a final report summarizing how goals and objectives were met through the provision of specific training services.

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to Employment Services.

Refer to [RAM Chapter 29, Exhibit A](#), for information on Employment Service Providers.

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1237 General Medical Alcohol and Drug Services (12/17)

This service category includes the following Procedure Categories:

- [Alcohol and Drug Services](#)
- [Anesthesia](#)
- [Medication](#)
- [Injections and Other Drugs](#)
- [Allergies, Immunizations, and Vaccines](#)
- [General Medical Services](#)
- [Medical and Surgical Supplies](#)
- [Medical Evaluation](#)
- [Medical Education, Counseling, and Training](#)
- [Medical Transport, Emergency, and Hospitalization](#)
- [Pathology and Laboratory](#)
- [Physical Medicine and Rehabilitation Therapy](#)
- [Radiology](#)
- [Tax and Shipping](#)

The General Medical Alcohol and Drug Services category includes professional services such as anesthesiology, radiology, consultations, office visits, physical and occupational therapy, and prescribed medicine. This category also includes the laboratory tests and vaccinations due to an entrance requirement for admittance to a training program, and administered under the supervision of a physician. Examples include nursing school requirements, such as the Hepatitis B Vaccine Series.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for General Medical Alcohol and Drug Services requirements:

- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

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Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 8—General Medical.

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1237.1 Alcohol and Drug Services

Typically, mental health services specifically related to alcohol or drug intervention, include behavioral health counseling and therapy, alcohol and drug services in an individual or group setting, crisis intervention, case management, detoxification, prevention, and problem identification.

1237.2 Anesthesia

Used as a supplemental service when required as part of another medical service (e.g., a consumer requires local or general anesthesia to undergo a surgery). Procedure codes indicate which area of the body is being anesthetized.

1237.3 Medication

All prescribed medications, both generic and name brand.

1237.4 Injections and Other Drugs

Injections and other drugs that do not fit into another procedure category. Includes drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions, intravenous infusions, and other miscellaneous drugs and solutions.

1237.5 Allergies, Immunizations, and Vaccines

Immunization administration and immunoglobulin products, vaccination products, allergy tests, and immunotherapy. Some immunizations and vaccines are required for consumers to participate in specific training programs and colleges. Examples include: Hepatitis, Measles, Mumps, Rubella, Varicella, and others.

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1237.6 General Medical Services

Typically provided by a general practitioner in a medical office visit, such as an internist or family practitioner.

1237.7 Medical and Surgical Supplies

Any supplies required by the surgeon to perform surgery; other prescribed medical supplies such as splints, alcohol wipes, syringes, wound dressings, some diabetic inserts, or some educational supplies provided by the physician.

1237.8 Medical Evaluation

Assessment and management of a patient's health care; includes key components of history, examination, and medical decision making that is key to selecting the correct treatment. Other non-key components include counseling, coordination of care, nature of presenting problem, and time. Includes basic and comprehensive evaluations (physical medicine, orthopedic neurological, internal medicine, etc).

1237.9 Medical Education, Counseling, and Training

Training, education, and assistance for a person who is recovering from a serious illness or injury. Examples include smoking and tobacco cessation, preventive medicine counseling, risk factor reduction interventions, or health risk assessment. Sensory integrative techniques, disease management (e.g., diabetes).

1237.10 Medical Transport, Emergency, and Hospitalization

Includes ground and air ambulance, nonemergency transportation (taxi, bus, automobile, wheelchair van), and ancillary transportation-related fees, such as mileage; includes most costs associated with emergency room visits, though some emergency services may be billed under the service category corresponding to the nature and bodily location of the procedures required.

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1237.11 Pathology and Laboratory

Includes chemistry, toxicology, and microbiology tests, screening procedures, and various blood products, panels, molecular pathology procedures, transfusion, and microbiology.

1237.12 Physical Medicine and Rehabilitation Therapy

Includes therapeutic procedures, acupuncture, chiropractic manipulative treatment, occupational therapy, physical therapy, lifestyle modification programs, medical habilitation, biofeedback, muscle/range of motion testing, and transcutaneous nerve stimulation.

1237.13 Radiology

X-ray, electrocardiogram (EKG), Magnetic Resonance Imaging (MRI), computed tomography (CT), urography, venography, ultrasound, radiation treatment, and other imaging.

1237.14 Tax and Shipping

Sales tax, shipping and handling, and federal excise tax for all medical services including those in other service categories.

1238 Hearing and Speech (12/17)

This service category includes the following procedure categories:

- [Hearing and Speech Evaluation](#)
- [Hearing and Speech Services](#)
- [Hearing and Speech Aids/Devices](#)

Hearing and Speech includes both hearing and speech services and devices. Hearing services are services for the measurement, appraisal, identification and counseling related to hearing and disorders of hearing; the modification of communicative disorders resulting from hearing loss affecting speech, language, and auditory behavior; and the recommendation and evaluation of hearing aids. Speech pathology services mean services for the purpose of identification, measurement and

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correction or modification of speech, voice or language disorders and conditions, and counseling related to such disorders and conditions.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Hearing and Speech requirements:

- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 9—Hearing and Speech.

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1238.1 Hearing and Speech Evaluation

Evaluation of hearing, speech, language, voice, communication, or auditory processing; includes related tests, supplies, and screenings such as pure tone audiometry, auditory evoked potentials, and hearing aid evaluations.

1238.2 Hearing and Speech Services

Treatment of speech, language, voice, communication, and or auditory processing disorder, swallowing dysfunctions, speech therapy, hearing aid fitting, and repair of hearing aid or augmentative communication system.

1238.3 Hearing and Speech Aids/Devices

Hearing aids, speech fluency, and speech generating devices.

Hearing and Speech Aids/Devices are subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

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1240 VR GOODS AND SERVICES: I–M (12/17)

This section includes services beginning with the letters I through M, as follows:

- [Independent Development Services](#)
- [Interpreter and Notetaking Services](#)
- [Job Coaching](#)
- [Maintenance](#)
- [Medical Information and Documentation](#)
- [Modifications – Home/Work Site](#)

1241 Independent Development Services (12/17)

This service category includes the following procedure categories:

- [Independent Living Skills Training Services](#)
- [Immersion Services](#)

Independent Development Services are services that assist consumers to develop basic skills that allow them to function and live independently.

The Rehabilitation Counselor and designated district staff will refer to the following resources for Independent Development Services requirements:

- Personal Assistance Services (CCR 7019.7)
- Scope of VR Services for Individuals with Disabilities (CCR 7149)
- RAM Chapter 29—Individual Service Providers
- RAM Chapter 29, Exhibit A— ISP Categories of Services
- Community Rehabilitation Program Guide To Certification & Vendorization (aka CRP Guide)

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1241.1 Independent Living Skills Training Services

Independent Living Skills Training Services is training in the basic skills needed by people with disabilities to develop, maintain, and maximize their ability to live and function independently. Services may be provided

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individually, in groups, or in a classroom setting based on an approved program model and reflected in the approval certificate as issued by DOR's Community Resources Development (CRD) unit.

Independent Living Skills Training Services in this category do not include services offered by Independent Living Centers as monitored by the DOR's Independent Living Unit.

The Rehabilitation Counselor or designated district staff will perform the following activities:

- Develop, in collaboration with the consumer and the service provider, a systematic plan of instruction to acquire the necessary functional living skills in support of an employment outcome.
- Complete CRP referral forms and provide pertinent information from the record of services, including the identification of barriers to independence and employment to be addressed.
- Obtain monthly written progress reports that identify the Independent Living Skills goals and objectives addressed, hours and dates of service provided, approaches utilized, and plan for continued activities.
- Make certain to obtain a final report summarizing how goals and objectives were met through the provision of specific services, including recommendations of services and supports necessary to insure a successful rehabilitation outcome.

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to Independent Living Skills Training.

Refer to [RAM Chapter 29, Exhibit A](#), for information regarding Independent Living Skills Training Service Providers.

1241.2 Immersion Services

Immersion Services typically include comprehensive independent living, training, and pre-employment activities to DOR consumers with significant disabilities (e.g., traumatic brain injuries, blind, and visually impaired).

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Immersion Services are scheduled as follows:

- Full program days, five days a week, at least five hours daily.
- In group or individualized settings, with multiple integrated training activities.
- On a short-term to long-term basis, typically from two to six months.

Immersion Services programs do not include any services in the core areas of Assessment or Job Related Services.

The Rehabilitation Counselor or designated district staff will perform the following activities when authorizing Immersion Services:

- Authorize based on results of an assessment or information indicating the need for an Immersion Services program.
- Complete, as necessary, the CRP referral forms and provide pertinent information from the record of services, including the identification of training needs.
- Obtain the Individualized Services Plan detailing goals and objectives, proposed training activities, and projected hours and timelines
- Obtain monthly written progress reports that identify the Individualized Services Plan objectives and training areas worked on during the month, hours, and dates of provided services, utilized approaches, and upcoming activities.
- Obtain a final report summarizing how goals and objectives were met through the provision of specific training services.

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to Immersion Services.

1242 Interpreter and Notetaking Services (12/17)

This service category includes the following procedure categories:

- [Interpreter Services for Individuals with Limited English](#)
- [Sign Language / Interpreters for Individuals who are Deaf](#)
- [Communication Assistants](#)

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- [Real-Time Captioners](#)
- [Notetaker Services](#)

Interpreter and Notetaking Services are services available to deaf or hard of hearing individuals, individuals with limited English speaking abilities, and services for consumers who need assistance with taking notes in a classroom setting.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Interpreter and Notetaking Services requirements:

- Interpreters (CCR 7300)
- Interpreters—Certification by the DOR (CCR 7300.2)
- Requirements (CCR 7321)

If a Certified Sign Language Interpreter or Communication Assistant is providing a consumer with two or more services simultaneously, he or she will be paid at the highest approved service category rate.

The Rehabilitation Counselor will authorize interpreting assignments in increments of two hours minimum, unless a lesser time frame is otherwise agreed upon by the Rehabilitation Counselor and the service provider for specific assignments.

On rare occasions, the Rehabilitation Counselor may provide a 30-day emergency authorization if obtaining all authorizing documentation prior to authorization of services causes a lengthy delay or hardship on the consumer's IPE progress.

The Rehabilitation Counselor or designated district staff will complete the following actions when authorizing Interpreter and Notetaking Services:

- Verify and document the service provider's current certification status, as necessary.
- Determine, in collaboration with the consumer and service provider, the estimated time needed for the interpreting assignment.
- Complete, as necessary, the CRP referral forms and provide pertinent information from the record of services, including the identification of barriers to independence and employment to be addressed.

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- Obtain documentation from the vendor indicating hours, dates, and times of services.
- Notify interpreter referral agencies at least 24 hours in advance of changes or cancellations. If the assignment is cancelled in less than 24 hours, the Rehabilitation Counselor or designated district staff will authorize to pay the interpreter referral agency for a maximum of two hours of work at the interpreter rate established by the district or CRD.

The District Administrator or designee, in collaboration with the CRD Specialist and the Deaf and Hard of Hearing Services, may negotiate interpreter rates. The negotiated fee rate shall not exceed the usual and customary rates being charged in the district's geographical area for the provision of interpreting services.

Refer to [RAM Chapter 29](#) and [RAM Chapter 29, Exhibit A](#), for more information on Individual Service Provider rates, referral forms, documentation and certification requirements, and qualification standards pertaining to Language Interpreter Providers.

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to Interpreter/Communication Services and information on the Registry of Interpreters for the Deaf (RID) and National Association of the Deaf (NAD).

[Go to CCR.](#)

1242.1 Interpreter Services for Individuals with Limited English

Interpreter Services for Individuals with Limited English are services to assist individuals who have limited English-speaking abilities to communicate with other persons, in order to participate in a VR program.

Telephonic Translation Services

The DOR maintains an administrative contract to deliver telephonic (over-the-phone) interpretation services to individuals with limited English proficiency, in the event that bilingual DOR staff is not available for in-person consultation.

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The billing code for this service is reserved for DOR staff only, and may not be used by vendors.

Refer to the [Telephonic Interpretation](#) folder in the Public Folder, on the G Drive, for instructions and materials.

Written Material Translations

The DOR provides written translation of materials that communicate DOR services in accordance with the Bilingual Services Program / Biennial Language Survey. Currently, the DOR provides written translation in the following three languages:

- Armenian
- Spanish
- Tagalog

Refer to the [Written Translation](#) folder in the Public Folder, on the G Drive, for instructions and materials.

1242.2 Sign Language / Interpreters for Individuals who are Deaf

Sign Language / Interpreters for Individuals who are Deaf are services to assist individuals who are deaf to communicate with other persons, in order to participate in a VR program.

Sign Language Interpreters must possess a current and valid certification prior to authorization of services. Refer to the [CRP Guide](#).

1242.3 Communication Assistants

Communication Assistants are non-certified interpreters who assist individuals who are deaf or hard of hearing when Registry of Interpreters for the Deaf (RID) certified interpreters are not available.

1242.4 Real-Time Captioners

Real Time Captioners are certified Shorthand (Court) Reporters who have special training to provide interpretation from spoken English into visually displayed (text) English, virtually delay-and error-free, for individuals who

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are deaf and hard of hearing. Real-Time Captioners may be used for one-on-one meetings, group settings, hearings, and classrooms.

Real-Time Captioners must possess a current and valid certification prior to authorization of services. Refer to the [CRP Guide](#).

The DOR has an administrative services contract for Real-Time Captioning. Refer to the [DHHS page on the INDOR intranet](#) for more information and requests.

1242.5 Notetaker Services

Notetaker Services are services to assist individuals with disabilities by taking notes during a class or by transcribing material from a textbook, computer, or other source, when that service is not provided by the school system.

Prior to the provision of any notetaker services, the Rehabilitation Counselor will determine if either of the following conditions exists:

1. The individual has a family member or other closely associated person who is able to provide the service without pay and who volunteers to do so. In this case, the DOR shall not provide the service (refer to [Section 1205.7](#)).
2. The individual is eligible for similar benefits, in which case the Rehabilitation Counselor will follow the procedures specified in CCR 7196 and 7198.

Refer to [Section 1261](#) for information on Personal Attendant Care.

1243 Job Coaching (12/17)

Job Coaching provides intensive assistance and support in employment-related activities to promote job adjustment and retention.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Job Coaching requirements:

- Group Placement (CCR 7016.1)
- Ongoing Support Services (CCR 7019.5)
- Percent of Intervention (CCR 7019.6)

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- Job Coaching Services (CCR 7159.5)
- Exemptions from Financial Participation (CCR 7191)

Job coaching services may be provided only when necessary for the consumer to achieve or retain suitable employment.

Job coaching services must be provided in a permanent or temporary job setting that meets the following conditions:

- The setting is community-based.
- There is regular contact between the client and co-workers or members of the public who are not disabled.
- The consumer is paid in accordance with applicable state and federal labor laws.

Job Coaching services are exempt from the client financial participation requirement and under no circumstances shall any consumer be asked to participate in the cost of these services (CCR 7191).

The Rehabilitation Counselor or designated district staff will complete the following actions when authorizing Job Coaching services:

- Complete, as necessary, the CRP referral forms and provide pertinent information from the record of services, including the identification of barriers to independence and employment to be addressed.
- Determine, in collaboration with the consumer and service provider, the proposed activities, proposed measurable outcomes, schedule for completion, and responsibilities.
- Provide job coaching services in a temporary setting only when it is determined that work-related objectives cannot be accomplished through the provision of job coaching services in a permanent employment setting, in accordance with CCR 7159.5.
- Obtain the required monthly written progress reports from the service provider, in accordance with the CRP Guide and RAM 29 as appropriate.
- Obtain the required final report from the service provider at the conclusion of job coaching services, which will include, but is not limited to, recommendations of services and supports necessary to

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insure maintenance of a successful employment outcome for the consumer.

The VRSD teams will distinguish Supported Employment Program (SEP) from non-SEP Job Coaching. Refer to [Section 1243.3](#) for Non-SEP Job Coaching and [Section 1243.4](#) for SEP Job Coaching.

Refer to [RAM Chapter 29, Exhibit A](#), for more information regarding Job Coaching Service Providers.

Refer to [RAM Chapter 31](#) for policies on SEP plans, and, requirements for SEP Job Coaching percent of intervention, stabilization (fading), and transition to extended services.

Refer to the [CRP Guide](#) for staff qualifications, referral, reporting, performance, and authorization requirements, and, payment and certification information.

[Go to CCR.](#)

1243.1 Job Coaching – Group

Job Coaching – Group includes group-only services for on-the-job coaching services provided at one hundred percent of intervention to a consumer in a group SEP placement.

1243.2 Job Coaching – Individual

Job Coaching – Individual includes individual consumer assistance and support, on or off the job, in activities that are employment-related and needed to promote job adjustment and retention. Services may be provided to a consumer in either a SEP or Non-SEP placement.

1243.3 Non-SEP Job Coaching

Non-SEP job coaching services are authorized at the hourly rate for an estimated number of hours based on expected needs. Hours authorized for off-site coaching and service provider travel shall be itemized in the record of services and on the authorization.

- Non-SEP Job Coaching Hourly Rate: \$36.57

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Non-SEP Job Coaching is intended to provide short-term, time-limited support to help a consumer learn and perform the job. It may be provided on or off the job site. Non-SEP Job Coaching does not include SEP services; it does not include funding for extended services for job coaching and other ongoing services after the DOR record of services is closed.

Activities include but are not limited to the following:

- Job orientation.
- Job destination/transportation training.
- Teaching job tasks and behaviors.
- Supervision at the worksite.
- Coworker/supervisor consultation.
- Assistance in integrating into the work environment or with changes in the work environment.
- Assistance with public support agencies.
- Family and residential provider consultation.
- Ongoing contact with the consumer and employer to ensure continued job satisfaction.
- Assistance in establishing supportive relationships with co-workers and supervisors.

Non-SEP job coaches also work with consumers in various other ways, as needed, that include but are not limited to:

- Hygiene awareness
- Social skills
- Promptness
- Conflict management
- Assistive technology
- Mediation between employer and employee

1243.4 SEP Job Coaching

Supported Employment Program Job Coaching includes intensive individualized job coaching services provided as part of an SEP plan.

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Supported employment program job coaching services are authorized on an hourly basis.

- SEP Job Coaching – Individual Hourly Rate: \$36.57
- SEP Job Coaching – Group Hourly Rate: \$36.57

Supported Employment Program Job Coaches will perform the following activities, as needed:

- Accompany the consumer to the job site and learn the job laterally with the consumer.
- Provide ongoing support until the consumer has met the stabilization criteria necessary to independently perform the job.
- Provide training, intervention, and support needed for the consumer to meet the employer's work and performance standards.
- Assist the consumer in establishing supportive relationships with co-workers and supervisors.

1244 Maintenance (12/17)

Maintenance is monetary support for short-term or one-time costs, *in excess of the individual's normal expenses*, that are necessitated by participation in an assessment for eligibility, an assessment for VR needs, or VR services under an IPE.

Maintenance payments are limited to actual expenses in excess of normal living expenses and are subject to financial participation and comparable benefits.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Maintenance:

- Maintenance (CCR 7019)
- Other Vocational Rehabilitation Services—Maintenance (CCR 7177)
- Self-Employment; Scope of Services Provided for a Self-Employment Setting (CCR 7137)

Short-term expenses which are within the scope of maintenance include the cost of food and temporary lodging for consumers participating in

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training or other VR services, when these services are outside of a reasonable commute distance from their homes.

The DOR may also make one-time maintenance payments when appropriate. For students, this can include fees for enrichment activities related to a training program, such as student trips, when those activities are essential components of the training. For consumers who relocate for job training or job placement, maintenance may provide the funds required for initial one-time costs, such as security deposits or the initiation of utilities. Security deposits and the initiation of utilities may also be provided for consumers pursuing an employment goal in a self-employment setting.

When the DOR pays in advance for security or other deposits, any unused portion must be returned to the DOR. To ensure that the consumer will do so, the DR 254 DEPOSIT AGREEMENT form must be used. Consumers will be advanced funds necessary to pay landlords the required deposits for security, cleaning, and first and/or last month rent, if required, on the first day of the rental period. This payment will be made through a Participant Authorization, made payable to the consumer. By signing the DR 254 form, the consumer agrees to return to the DOR the remainder of any deposits received from the landlord.

Refer to [Section 1271](#)—Self-Employment Services—for additional information on self-employment.

Refer to [Section 1287](#)—Transportation Services—and [Section 1288](#)—Travel—for additional information on permanent relocation.

[Go to CCR.](#)

1244.1 Maintenance Timelines and Allowances

Maintenance allowance is based on a 30-day month. When maintenance begins or ends during the month, payment is made for the actual number of days of entitlement. If the exact amount required each day for lunch, etc., is known, the Rehabilitation Counselor may authorize a daily amount rather than a monthly allowance. In such cases, the claim must specify the amount per day and the number of days covered in the period.

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The Rehabilitation Counselor will adjust a maintenance allowance to reflect consumer absences that are in excess of four days in a month, as appropriate to the individual circumstances. Team Manager approval is required for maintenance overpayment, due to absences, in excess of \$50.

There is a maximum of \$125 per month for consumer maintenance payments with a cap of \$500 in a 12-month period. Team Manager approval must be obtained if the monthly maximum will be exceeded.

The District Administrator must approve maintenance for a consumer who is living at home with parents or a family relative, or otherwise not in an independent living situation, when that maintenance exceeds \$500 during any consecutive 12-month period.

A 12-month period begins with the month in which the first allowable expense is incurred and ends after 12 months have elapsed. For example, if the expense was incurred in April, the 12-month period ends the following April. If the next expense is not incurred until July, a new 12-month period begins in July.

Team Managers will periodically review records of services to ensure appropriate use of maintenance or transportation.

The purchase of clothing is not considered as maintenance. Refer to [Section 1226](#) for more information about Clothing.

1245 Medical Information and Documentation (12/17)

This service category includes the following procedure categories:

- [Medical Information of Record](#)
- [Other Medical Documentation](#)

The Medical Information and Documentation category is used to purchase photocopies of a consumer's medical records, special narrative reports, or other medical documentation. The purchase of medical records may be useful in determining a consumer's needs and drafting the Individualized Plan for Employment (IPE). Medical records may also reduce or eliminate the need for purchasing other evaluations.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Medical Information and Documentation requirements:

- Rights of Individuals with Disabilities; Applicants; Eligible Individuals (CCR 7029.7)
- Data for Preparing the Individualized Plan for Employment (CCR 7130.5)
- Confidentiality (CCR 7140–7143.5)
- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

The consumer's record of services shall contain only information which is relevant and necessary to carry out the programs of the DOR.

The consumer is required to complete a DR 264A CONSENT TO RELEASE MEDICAL INFORMATION form for each request from the DOR to a third party to obtain medical information of record (MIOR) or other medical information.

Medical Consultant, Vocational Psychologist, or Statewide Consultant, as appropriate, and Team Manager prior approvals are required for medical information and documentation costs exceeding \$200.

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 10—Medical Information and Documentation.

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1245.1 Medical Information of Record

Medical Information of Record (MIOR) is documentation from a qualified medical professional who has provided medical treatment to a DOR applicant or consumer. Documentation may come in many forms including

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but not limited to photocopies, compact disc (CD), narrative, or form completion.

1245.2 Other Medical Information

Other Medical Information is a type of documentation that generally accompanies a medical procedure and has its own procedure code and separate fee for clinician documentation.

1246 Modifications – Home/Work Site (12/17)

Modifications – Home/Work Site is the installation of A.T. devices that are necessary and appropriate for a consumer's VR needs.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Modifications – Home/Work Site requirements:

- Assistive Technology Device (CCR 7002)
- Assistive Technology Service (CCR 7002.5)
- Excluded Services – Construction (CCR 7149.1)

Modifications – Home/Work Site may be utilized for A.T. installation services which are not bundled with A.T. training. The Rehabilitation Counselor may authorize the installation of A.T. devices in the consumer's home or workplace when these services do not require or involve construction and are otherwise necessary and appropriate for the particular consumer's VR needs.

“Construction” is not a VR service. Federal regulations prohibit the use of VR funds for construction. The Rehabilitation Counselor must not authorize A.T. installation expenses that include construction on real property.

Refer to [Section 1224](#) for information on Assistive Technology Training, which may also include installation services.

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1250 VR GOODS AND SERVICES: O (12/17)

This section includes services beginning with the letter O, as follows:

- [Occupational Skills Training](#)
- [On-the-Job Training](#)
- [Orientation and Mobility Services](#)
- [Orthotics and Prosthetics](#)
- [Other Goods and Services not Coded Elsewhere](#)

1251 Occupational Skills Training (12/17)

Occupational Skills Training is a curriculum-based, full day program in which the DOR consumer acquires the relevant skills necessary for employment for a specific job or grouping of jobs.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Occupational Skills Training:

- Training Services (CCR 7154)
- Workshop Training (CCR 7158)
- Tutorial Services (CCR 7170)

If necessary and appropriate, vocational skills tutoring services may be obtained as a supplement to occupational skills training, subject to any comparable benefits (refer to [Section 1289—Tutors](#)).

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1252 On-the-Job Training (12/17)

On-the-Job Training (OJT), a.k.a. “Earn and Learn,” is used for training in specific job skills by a prospective employer. The DOR consumer is paid during this training and will remain in the same or a similar job upon successful completion. This category also includes apprenticeship training programs and their associated fees and dues.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for On-the-Job Training requirements:

- On-the-Job Training (CCR 7157)

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- On-the-Job Training Agreements (CCR 7157.5)
- Tutorial Services (CCR 7170)

The OJT service category includes the training costs and fees that the DOR agrees to pay the trainer while the consumer is in a working or training situation.

A consumer receiving OJT is considered an employee of the trainer and shall receive appropriate benefits and employee insurance coverage. The trainer is therefore also responsible for all applicable employer contributions, and for withholding the appropriate deductions from consumer earnings.

During the consumer's training period, the DOR is responsible for any additional Workers' Compensation Insurance premium expense incurred by the trainer. In this case, the DOR shall either reimburse the trainer for his or her increased costs or purchase a policy specifically for the consumer.

The OJT invoices for corporate vendors will be submitted through the district office to CO Accounting Services for payment. If the vendor is a small independent business or a certified small business, a revolving fund check can be issued from the district office.

The DR 247 ON-THE-JOB TRAINING (OJT) – LETTER OF AGREEMENT form is used to authorize the OJT. The Rehabilitation Counselor, in collaboration with the trainer and consumer, will ensure the following information is identified in the OJT Agreement:

- A specific vocational objective.
- The specific skills to be learned during training.
- The training schedule and hours.
- A description of any accommodations which will be provided, as well as the entity providing these during the training period.
- The consumer's wages.
- The training fees that the DOR will pay to the trainer.

For the duration of the training, the trainer will submit a monthly progress report to the DOR, which will include an accounting of any problems that may have arisen. If necessary and appropriate, vocational skills tutorial

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services may be obtained as a supplement to OJT, subject to any comparable benefits (refer to [Section 1289—Tutors](#)).

The OJT Agreement must be signed by the Rehabilitation Counselor, trainer, and consumer; the Rehabilitation Counselor will retain the original and provide copies to both the trainer and the consumer.

On-the-Job Training Agreements are not legally binding contracts; they may be modified or terminated by the DOR or the trainer whenever circumstances warrant.

Refer to the [On-the-Job Training \(OJT\) folder](#), or contact the [Workforce Development Section \(WDS\)](#), for more information and documentation regarding OJT.

[Go to CCR.](#)

1253 Orientation and Mobility Services (12/17)

This service category includes the following procedure categories:

- [Orientation and Non-Vehicle Mobility Evaluations](#)
- [Orientation and Mobility Training \(non-Vehicle\)](#)
- [Rehabilitation Teachers for the Blind](#)

Orientation and Mobility Services are services that help consumers who are visually impaired or blind to navigate safely and independently within their community or other environments, as appropriate. Such services are typically provided by a Community Rehabilitation Program (CRP) or an Individualized Service Provider (ISP).

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to Independent Living Skills Training—Orientation and Mobility.

Refer to [RAM Chapter 29, Exhibit A](#), for information on Orientation and Mobility Training Service Providers.

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Refer to [Section 1241](#) for information on Independent Development Services, including Independent Living Skills Training Services and Immersion Services.

1253.1 Orientation and Non-Vehicle Mobility Evaluations

Orientation and Non-Vehicle Mobility Evaluations are assessments of individuals who are visually impaired or blind in the mobility and orientation skills necessary to travel safely and independently in the community.

1253.2 Orientation and Mobility Training (non-Vehicle)

Orientation and Mobility Training (Non-Vehicle) is training for individuals who are visually impaired or blind in the mobility and orientation skills necessary to travel safely and independently in the community.

1253.3 Rehabilitation Teachers for the Blind

Rehabilitation Teachers for the Blind are qualified individuals approved to teach independent living skills to blind or visually impaired consumers.

1254 Orthotics and Prosthetics (12/17)

This service category includes the following procedure categories:

- [Orthotic and Prosthetic Services](#)
- [Orthotics and Prosthetics](#)

This service category includes both orthotic and prosthetic services and devices. Orthotics relate to the making and fitting of orthopedic braces for the support of weakened body parts or the correction of body defects/abnormalities. Prosthetics relate to the making and fitting of artificial limbs or other parts of the body.

The procedure categories under this service category include orthotic and prosthetic procedures and devices, as well as scoliosis equipment, orthopedic shoes, prosthetic implants, and externally applied devices used to modify the structural and functional characteristics of the neuromuscular and skeletal system.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Orthotics and Prosthetics requirements:

- Physical and Mental Restoration Services (CCR 7020)
- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 11—Orthotics and Prosthetics.

[Go to CCR.](#)

1254.1 Orthotic and Prosthetic Services

Orthotic and prosthetic services include impressions and custom preparations, orthotics management and training (including assessment and fitting when not otherwise billed), and prosthetic training.

1254.2 Orthotics and Prosthetics

This procedure category includes devices that replace all or part of a body organ or body part, or that replace part of the function of a permanently inoperable or malfunctioning internal body organ or body part.

Orthotics and Prosthetics are subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

1255 Other Goods and Services not Coded Elsewhere (12/17)

Other Goods and Services not Coded Elsewhere include a broad spectrum of goods and services that do not fit into another service category, but are necessary to determine VR potential or to assist an individual with a disability to become employed.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Other Goods and Services not Coded Elsewhere requirements:

- Other Goods and Services – General Provisions (CCR 7174)

Other Goods and Services not Coded Elsewhere includes, but is not limited to, the following services:

- Advertising
- Printing/Photocopying
- Typing/Secretarial Services
- Rental of Premises
- Weight Control Program
- Internet Services
- Utilities
- Memberships, Subscriptions, or Professional Activity Costs

District staff are responsible for reviewing the list of service categories and their definitions before selecting the code that best describes the service(s) provided. Service categories must reflect the actual service or purchase provided to the consumer. When the Rehabilitation Counselor uses the generic term “other goods and services” in record of services documentation, it does not mean the service being discussed is to be coded to “Other Goods and Services not Coded Elsewhere.”

Refer to [Section 1271](#) for additional information on Self-Employment Services.

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1255.1 Advertising Purchased for Consumers

Advertising may be purchased on behalf of a consumer. Team Manager approval is required for costs exceeding \$500.

Designated district staff will perform the following actions:

- Attach a copy of the advertisement to the advertisement invoice.
- Make certain the ad publication dates are shown on the invoice.

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1255.2 Printing / Photocopying

Printed business cards, letterhead, package labels, etc., for consumers, shall be authorized on a DR 297D PURCHASING AUTHORITY PURCHASE ORDER form. Consumer photocopies may be authorized to a private vendor with required bids/quotes for purchases of \$100 or more. Printing purchases of \$5,000 or more require a price quote from the Office of State Printing (OSP).

Designated district staff will perform the following action:

- Attach a sample of the business card, letterhead, etc., to accompany the invoice when submitting to DOR Accounting for payment.
- Confirm the invoice shows the notation "Record of Services Purchase" for services authorized to a private vendor.

1255.3 Internet Services

The Rehabilitation Counselor may authorize Internet access for a consumer when the service is necessary for training, job search, or other applicable purposes consistent with the consumer's IPE.

Internet access may only be provided through a consumer's existing telephone line, or an additional line paid by the consumer. The DOR will pay the initial basic installation fee and modem, if needed, and monthly access costs, but not an additional phone line. The consumer is responsible for anything beyond the basic installation of cable or DSL service.

The costs for Internet access may be authorized on a Participant Authorization. The consumer must provide confirmation that services have been provided. Refer to [RAM Chapter 11](#) for more information on Participant Authorizations.

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1260 VR GOODS AND SERVICES: P–R (12/17)

This section includes services beginning with the letters P through R, as follows:

- [Personal Attendant Care](#)
- [Personal Computers – General/Hardware/Software](#)
- [Placement Equipment](#)
- [Pre-Employment Transition Services](#)
- [Psychological](#)
- [Rehabilitation Technology Services](#)

1261 Personal Attendant Care (12/17)

Personal Attendant Care provides services to a DOR consumer who needs assistance to perform daily living activities as necessary to the achievement of an employment outcome, and which may only be provided while the individual is receiving other VR services.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Personal Attendant Care requirements:

- Readers, Notetaker Services, Attendants, and Drivers (CCR 7169)
- Readers, Notetakers, Drivers, and Attendants (CCR 7301)

Personal Attendant Care may be retained when such services are necessary to the provision of vocational rehabilitation services, subject to comparable services and benefits (refer to [Section 1203](#)).

In the event that a personal attendant must provide driver services, the individual selected must possess a valid California Driver's License, an appropriate vehicle, and the minimum insurance coverage required by law, as well as \$5,000 in medical coverage.

A personal attendant may be secured in one of the following three ways:

1. Through comparable benefits.
2. Through a service provider.

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3. Through the consumer's family member or other closely associated person, who is able to provide these services without pay and volunteers to do so.

If a service provider is utilized, the attendant shall be interviewed and approved by the consumer as adequately meeting his or her needs.

Personal Attendant Care is exempt from the client financial participation requirement and under no circumstances shall any client be asked to participate in the cost of these services (CCR 7191).

Refer to [Section 1205.7](#) for information on a family member or closely associated person who wishes to provide attendant care or other services.

Refer to [Section 1242.5](#) for information on Notetaker Services.

[Go to CCR.](#)

1262 Personal Computers – General/Hardware/Software (12/17)

Personal Computers – General/Hardware/Software is the purchase of personal computers, laptops, printers, peripherals, or software when these items are not considered assistive technology.

This category is also used for rental, system integration and configuration, installation, sanitizing, and modification or repair, including parts.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Personal Computers – General/Hardware/Software requirements:

- Telecommunication, Sensory, and Other Technological Aids (CCR 7172)

District staff will authorize services provided under Personal Computers – General/Hardware/Software when such services are necessary to the successful completion of the consumer's IPE.

All A.T. is excluded from this category and must be recorded separately. The Rehabilitation Counselor is to distinguish between an A.T. device, such

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as an A.T. keyboard, and the non-A.T. device to which it connects, such as a computer.

Personal Computers, including integrated systems, are subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [Section 1255.3](#) for information on Internet Services, and [Section 1223.2](#) for information on Assistive Technology Computer Software/Peripherals.

[Go to CCR.](#)

1263 Placement Equipment (12/17)

Placement Equipment is the purchase, rental, repair, or moving of tools, equipment (including placement equipment for vending stands), and other items of property; other items used in vending stands or self-employment (e.g., necessary fixtures and shelving), including sales tax, installation, and related costs.

It also includes placement equipment in a self-employment setting, such as initial stock and supplies for a small business for a period of no more than six months.

This category does not include personal computers, medical devices, or A.T. devices.

Placement Equipment is subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [Section 1205](#)—Issuance of Consumer Goods and Services—for information on issuance of consumer equipment, including equipment rental, relocation, and repairs.

Refer to [Section 1271](#) for information on Self-Employment Services; and, [Section 1286](#) for information on Training Equipment.

1264 Pre-Employment Transition Services (Pre-ETS) (12/17)

This section includes information on the following service categories:

- [Job Exploration Counseling: Individual or Group Setting](#)
- [Work-Based Learning Experiences: Individual or Group Setting](#)
- [Counseling on Enrollment in Transition or Postsecondary Education \(PSE\): Individual or Group Setting](#)
- [Workplace Readiness Training Services: Individual or Group Setting](#)
- [Instruction in Self-Advocacy: Individual or Group Setting](#)
- [Coordination Activities](#)

The DOR, in coordination with local educational agencies, is required to provide five types of Pre-Employment Transition Services (Pre-ETS) to students with disabilities, ages 16 to 21, who are either eligible or potentially eligible for VR services.

These services include the following:

1. Job exploration counseling
2. Work-based learning experiences
3. Counseling related to post-secondary opportunities
4. Workplace readiness training
5. Self-advocacy training

The DOR may, but is not required to, provide the following nine Pre-ETS to students with disabilities:

1. Implement strategies to increase independent living and inclusion in communities and competitive integrated workplaces.
2. Develop and improve strategies for individuals with intellectual disabilities and individuals with significant disabilities to live independently, participate in postsecondary education, and obtain and retain competitive integrated employment.
3. Provide instruction to vocational rehabilitation counselors, school transition personnel, and other persons supporting students with disabilities.
4. Disseminate information about approaches to achieve the goals of Pre-Employment Transition Services.

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5. Coordinate activities with transition services provided by local educational agencies.
6. Improve policy, procedure, practice, and the preparation of personnel to achieve the goals of Pre-Employment Transition Services.
7. Develop model transition demonstration projects.
8. Establish or support multistate or regional partnerships involving states, local educational agencies, designated state units, developmental disability agencies, private businesses, or other participants to achieve the goals of Pre-Employment Transition Services.
9. Disseminate information and strategies to improve the transition to postsecondary activities of individuals who are members of traditionally underserved populations.

The DOR local offices will perform pre-employment transition coordination. These services are:

- Attending individualized education program (IEP) meetings for students with disabilities, when invited.
- Working with local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities, including internships, summer employment, apprenticeships, and other employment opportunities available during the school year.
- Working with schools to coordinate and ensure the provision of Pre-Employment Transition Services.
- Attend person-centered planning meetings for individuals receiving services under title XIX of the Social Security Act, when invited.

Refer to [Section 1281](#) for information on TPP Pre-Plan Work Experience; and, [Section 1295](#) for information on We Can Work – Pre-ETS.

1264.1 Job Exploration Counseling: Individual or Group Setting

This is a required, direct Pre-ETS activity and may include one of the following:

- a) Job exploration counseling provided on an individual basis, in school or the community, including but not limited to discussions pertinent to

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the particular student about the student's vocational interest inventory results, in-demand occupations, career pathways, and local labor market information that applies to the student's particular interests; or,

- b) Job exploration in a group setting, provided in a classroom or community setting, including, but not limited to, information regarding in-demand industry sectors and occupations, as well as nontraditional employment, information about labor market composition, administration of vocational interest inventories, and identification of career pathways of interest to the students.

1264.2 Work-Based Learning Experiences: Individual or Group Setting

This is a required direct Pre-ETS activity and may be provided as follows:

- a) On an individual basis that may occur in-school, after school, or outside the traditional school setting and could include paid or unpaid internships, apprenticeships, short-term employment, fellowships, or on-the-job training in the community (with no need to hire after OJT completion). Work-based learning experiences must be provided in integrated settings in the community to the maximum extent possible and VR agencies are to exhaust all opportunities for integrated settings before placing an individual in a non-integrated setting; or,
- b) In a group setting, which may include but is not limited to coordinating a school-based program of job training and informational interviews to research employers, work-site tours to learn about necessary job skills, job shadowing, or mentoring opportunities.

1264.3 Counseling on Enrollment in Transition or Postsecondary Educational (PSE): Individual or Group Setting.

This is a required direct Pre-ETS activity and may be provided as follows:

- a) To an individual, including counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education, including but not limited to advising students and parents or representatives on academic curricula, providing information about college application and admissions processes, completing the FAFSA, and providing resources that may

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be used to support individual student success in education and training (i.e., disability support services); or,

- b) Counseling on specific opportunities in a group setting, which may include providing information on course offerings, career options, the types of academic and occupational training needed to succeed in the workplace, and postsecondary opportunities associated with career fields or pathways.

1264.4 Workplace Readiness Training Services: Individual or Group Setting.

This is a required direct Pre-ETS activity and may be provided as follows:

- a) In an educational or community-based setting through individual instruction, including opportunities to acquire and apply knowledge to develop social skills and independent living skills necessary to prepare for eventual employment. Workplace readiness training services may include but are not limited to communication and interpersonal skills, financial literacy, orientation and mobility skills to access workplace readiness training or to learn to travel independently, job seeking skills, and understanding employer expectations for punctuality and performance, as well as other “soft” skills necessary for employment.
- b) In a generalized manner in a classroom or other such group setting. This service may typically proceed or be provided concurrently with work-based learning experiences.

1264.5 Instruction in Self-Advocacy: Individual or Group Setting

This is a required direct Pre-ETS activity and may be provided as follows:

- a) On an individual basis through individualized opportunities that include but are not limited to students conducting informational interviews, mentoring with educational staff such as principals, nurses, teachers, or office staff, mentoring with individuals employed by or volunteering for employers, boards, associations, or organizations in integrated community settings, and participating in youth leadership activities offered in educational or community settings; or,

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- b) In a group setting through generalized classroom lessons in which students learn about their rights and responsibilities, learn how to request accommodations or services and supports, communicate their thoughts, concerns, and needs, in order to prepare them for peer mentoring opportunities with individuals working in their areas of interest.

1264.6 Coordination Activities

These are coordination Pre-ETS activities that include the following:

- 1) Attending individualized education program (IEP) meetings for students with disabilities.
- 2) Working with local workforce development boards, one-stop centers, and employers to develop work opportunities for students with disabilities, including internships, summer employment and other employment opportunities available throughout the school year, and apprenticeships.
- 3) Working with schools to coordinate and ensure the provision of Pre-ETS.
- 4) When invited, attending person-centered planning meetings for individuals receiving services under Title XIX of the Social Security Act.

1265 Psychological (12/17)

This service category includes the following procedure categories:

- [Psychological Evaluation](#)
- [Psychological Services](#)

The assessment, treatment, prevention, and amelioration of emotional and mental health disorders. This service category includes clinical evaluation/assessment, consultation, and case conference or staffing to determine or confirm the presence of a disability. Such services may include the administration and interpretation of psychometric instruments (psychological tests), including the administration and interpretation of psychological tests (i.e., measurements of intelligence, aptitude, achievement, interest, and other recognized psychometric instruments) and

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assessment of social functioning, including summarizing educational/vocational progress and achievement.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Psychological requirements:

- Assessment to Determine Eligibility and Vocational Rehabilitation Needs (CCR 7001.5)
- Vocational Psychologist (CCR 7029.3)
- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)
- Providers of Psychological Services (CCR 7295.7)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 12—Psychological.

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1265.1 Psychological Evaluation

Psychiatric diagnostic interview and evaluation, and psychological testing, includes psychodiagnostic assessment of emotionality, and intellectual abilities. Developmental testing includes assessment of motor, language, social, adaptive, or cognitive, neurobehavioral status exam, neuropsychological testing. This procedure category also includes scoring and reporting.

The Consulting Psychologist and either the Team Manager or the Medical Services Officer will approve all psychological diagnostics, evaluations, and testing performed by professionals with licenses other than Ph.D. (e.g., LCSW, MFT, LEP) prior to authorization of services.

1265.2 Psychological Services

Individual or group psychotherapies, some health and behavior interventions, some social work and crisis interventions.

1266 Rehabilitation Technology Services (12/17)

Rehabilitation Technology Services are assessments and evaluations for rehabilitation engineering and technology.

Rehabilitation technology refers to the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by persons with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation.

This term includes assistive rehabilitation engineering, technology devices or adaptive equipment, A.T. services, and the modification of technological aids, devices, and vehicles. It does not include the purchase or repair of a vehicle.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Rehabilitation Technology Services requirements:

- Assistive Technology Device (CCR 7002)
- Assistive Technology Service (CCR 7002.5)
- Rehabilitation Engineering (CCR 7024.4)
- Rehabilitation Technology (CCR 7024.7)

Refer to [Sections 1222–1224](#) for information on Assistive Technology services, including Assistive Technology Assessments/Evaluations and Mobility Evaluations.

Refer to [Section 1292](#) for information on Vehicle Modification.

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1270 VR GOODS AND SERVICES: S (12/17)

This section includes services beginning with the letter S, as follows:

- [Self-Employment Services](#)
- [Services for the Blind/Deaf](#)
- [Services to Family Members](#)
- [Short-Term Supports](#)
- [Specialized and Surgical Medical Services](#)
- [Supported Employment](#)

1271 Self-Employment Services (12/17)

This service category includes the following procedure categories:

- [Business/Self-Employment Consultants/Trainers](#)
- [Business/Self-Employment Plan Analysts](#)

A consumer may identify self-employment in his or her own small business as an employment goal. Self-Employment Services are services to develop and analyze a DOR consumer's proposed business or self-employment plan, and to provide ongoing consultation and technical assistance while the small business is being established.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Self-Employment Services requirements:

- Employment Outcome (CCR 7011)
- Self-Employment Setting (CCR 7024.9)
- Small Business Consultant (CCR 7025.4)
- Self-Employment; Informed Choice (7136.4)
- Self-Employment; Development and Contents of the Individualized Plan for Employment (IPE) (CCR 7136.5)
- Self-Employment; Assessing the Self-Employment Setting (CCR 7136.6)
- Self-Employment; Assessment of Personal Attributes (CCR 7136.7)
- Self-Employment; Assessment of the Proposed Small Business (CCR 7136.8)

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- Self-Employment; Assessment of Necessary and Available Resources (CCR 7136.9)
- Self-Employment; Scope of Services Provided for a Self-employment Setting (CCR 7137)
- Self-Employment; Monitoring the Operation of the Small Business (CCR 7138)
- Self-Employment; Closure with an Employment Outcome (CCR 7179.4)
- Self-Employment; Closure without an Employment Outcome (CCR 7179.5)

In addition to Self-Employment Services, the DOR may provide a variety of other assistance to consumers pursuing self-employment through an approved Individualized Plan for Employment (IPE), including the payment of certain initial one-time costs to establish the proposed small business.

Initial one-time costs may include occupational license fees, the purchase or lease of tools or equipment, the purchase of initial stock and supplies, and the payment of initial deposits required for rental agreements or utility service.

Refer to the following sections for information on services that may pertain to a self-employment goal:

- [Section 1208—Business Enterprises Program \(BEP\)](#)
- [Section 1226—Business/Professional Service Fees](#)
- [Section 1244—Maintenance](#)
- [Section 1255—Other Goods and Services Not Coded Elsewhere](#)
- [Section 1263—Placement Equipment](#)

Refer to [RAM Chapter 30](#) for information on record of services requirements and criteria for determining the appropriateness of a proposed self-employment setting.

Contact the DOR [Workforce Development Services](#) unit for technical assistance on self-employment.

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1271.1 Business/Self-Employment Consultants/Trainers

Business/Self-Employment Consultants/Trainers (“Business Consultants”) are individuals who are qualified by education, training, and experience to provide consultation to the DOR and to an eligible individual who is interested in working in a proposed self-employment setting.

These individuals may assist a DOR consumer with the development of a Small Business Plan and provide technical assistance relating to the establishment and operation of the small business.

Business Consultant services may also be retained to assist the Rehabilitation Counselor with monitoring the small business, which must be conducted on a monthly basis for the first three to twelve months of operation. Monitoring includes a review of the monthly income and expense reports prepared by the consumer, and a comparison of such reports with the projected income and expenses contained in the proposed small business summary or, if applicable, the Small Business Plan.

1271.2 Business/Self-Employment Plan Analysts

Business/Self-Employment Plan Analysts (“Business Plan Analysts”) are analysts who will assess the potential of a consumer’s proposed self-employment setting and plan. Such assessments are based on the small business summary or Small Business Plan and will identify the following:

- Whether the small business is likely to produce income sufficient to meet ongoing operating costs.
- Whether the small business is likely to generate income for the individual at a customary wage.
- Whether projected operating expenses are necessary to the operation.
- Whether projected operating expenses are usual and customary for similar businesses.
- Whether projected operating expenses are sufficient to generate the projected products or services.

Business Plan Analyst services do not include the development, writing, or research required for the proposal.

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1272 Services for the Blind/Deaf (12/17)

This service category includes the following procedure categories:

- [Reader Services for the Blind](#)
- [Communication Assistant - Tactile](#)

Services for the Blind/Deaf are services that help consumers who are blind, visually impaired, and Deaf or hard of hearing to learn how to communicate and interact with others.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Services for the Blind/Deaf requirements:

- Ancillary Services for the Blind (CCR 7178)
- Application Process and Other General Requirements (CCR 7270)
- Eligibility Requirements – General (CCR 7271)
- Reader Services (CCR 7273)

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1272.1 Reader Services for the Blind

Reader Services for the Blind are services to assist individuals with disabilities by directly reading or tape recording textbooks or other materials selected by the individuals and related to the individuals' course of study, when that service is not provided by the school system.

Non-VR Reader Services for the Blind

The DOR will provide reader services to blind students who are not receiving VR services and who are attending university, college, or state college in California for the purpose of achieving a degree or diploma (California Welfare and Institutions Code, Section 19526).

Any individual wishing to apply for the non-vocational services for the blind may do so orally or in writing to the DOR. The individual shall be required to supply only such limited documentation for the Rehabilitation Counselor to establish eligibility and the amount and type of services to be provided.

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Non-vocational reader services for non-client blind students will be authorized using a manual mode authorization process. Account code 053 will be used for all non-client reader services.

The Rehabilitation Counselor and designated district staff will perform the following actions for the provision of Non-VR Reader Services for the Blind:

- Review the requirements for application and eligibility for “Non-Vocational Services for the Blind,” in accordance with CCR 7270.
- Determine if the individual meets the conditions of eligibility for Non-Vocational Reader Services for the Blind, as identified in CCR 7271.
- Maintain a record of services for the individual receiving non-vocational reader services for the blind. The following information must be contained in the record of services:
 - A completed DR 261 NON-CLIENT READER SERVICES FUND APPLICATION form.
 - Documentation that non-vocational services were explained to the individual.
 - Decisions regarding eligibility.
 - Documentation that DOR confidentiality procedures were explained.
 - Documentation that Administrative Review and fair hearing processes were explained.
 - Decisions regarding the amount and types of services to be received.
 - The number of hours reader services are provided to the individual, on a monthly basis.
- Review the required monthly invoices provided by the service provider on a DR 296 INDIVIDUAL SERVICE PROVIDER (ISP) – INVOICE form, for the actual time reader services were provided. The DR 296 form must be reviewed and signed by the individual receiving services, the Rehabilitation Counselor, and the district account clerk. The district will generate payment for services through the District Revolving Fund. The DR 296 form will be forwarded to DOR Accounting Services.

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1272.2 Communication Assistant – Tactile

Communication Assistant – Tactile is an individual who assists Deaf-blind consumers to communicate effectively.

1273 Services to Family Members (12/17)

This service category includes the following procedure categories:

- [Services to Family Members](#)
- [Child Care](#)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Services to Family Members requirements:

- Health and Safety Code 1596.60 and 1596.70
- Family Member (CCR 7015)
- Services to Family Members (CCR 7175)

“Family Member,” for purposes of receiving VR services, means an individual who meets the following conditions:

- Is a relative or guardian of an applicant or eligible individual, or lives in the same household as an applicant or eligible individual.
- Has a substantial interest in the well-being of that individual.
- Whose receipt of VR services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

Service to family members are subject to both comparable services and benefits and financial participation (refer to [Section 1203](#) and [Section 1204](#), respectively). Consumers and family members must apply for, secure, and use comparable services and benefits to the extent eligible.

The Team Manager must approve all services to family members, including child care, prior to authorization of services. District staff will also comply with any additional prior approval requirements described in [RAM Chapter 12, Exhibit A](#)—Services that Require Prior Approval—as appropriate.

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1273.1 Services to Family Members

Services to Family Members are all services to a consumer's family member(s) that are necessary to support the consumer's VR, e.g., counseling, medical care.

1273.2 Child Care

Child care is the cost of child care services that are necessary for the consumer to participate in a VR plan.

The DOR can only reimburse for day care that is provided in accordance with state legal requirements.

The Health and Safety Code requires that child care providers be licensed by the State of California, with the following exceptions:

- Family day care home providing care for the children of only one family in addition to the operator's own children.
- Friends or family member of the consumer, or other relative(s).
- Extended day care programs operated by public or private schools.

Child care provider categories include the following, in order of preference:

- State-licensed day care facilities
- Public or Private schools operating extended day care schools
- Licensed or TrustLine relatives and other individuals
- License-exempt or non-TrustLine relatives and other individuals

The Rehabilitation Counselor or designated district staff will perform the following actions when authorizing child care services:

- Document fair and reasonable costs for child care services.
- Determine, in collaboration with the consumer, as appropriate, the estimated time needed for child care services and which child care provider category to authorize.
- Complete the DR 701 CHILD CARE PROVIDER CHOICE form if the consumer chooses an unlicensed child care provider. Place the original signed copy in the consumers record of services, and provide a copy to the consumer.
- Verify and document Team Manager approval prior to authorization.

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Refer to the [RAM Chapter 29 Desk Manual for Individual Service Providers \(ISPs\)](#) for more information and procedures regarding friends or family members as ISPs, child care services, and regional market rates.

TrustLine Providers

As an additional safety measure, the Health and Safety Code establishes a TrustLine provider registry. TrustLine is the California registry of in-home child care providers who have passed a background screening.

All caregivers listed with TrustLine have been cleared through a fingerprint check of records at the California Department of Justice, indicating they have no disqualifying criminal convictions or substantiated child abuse reports in California.

The TrustLine program is administered by the Department of Social Services in conjunction with California Child Care Resource and Referral Network. Information on TrustLine can be found at: <www.trustline.org>.

Regional Market Rate

The regional market rate (RMR) was developed by the Department of Social Services. It is a “per child” rate and is used to pay for state subsidized child care to license-exempt but "TrustLined" providers, such as child care centers, family child care homes, and some relatives. The RMR does not address rates paid to unlicensed-exempt, non-Trustline-registered providers such as family members and relatives.

The RMR is based on research and a large statewide survey of counties. Several websites provide databases of reimbursement rates, including but not limited to:

- [California Childcare Resource and Referral Network](http://www.rrnetwork.org), at: <www.rrnetwork.org>.
- [California Department of Education, Reimbursement Ceilings for Subsidized Child Care](http://www3.cde.ca.gov/rcsc/), at: <<http://www3.cde.ca.gov/rcsc/>>.

Payment for Child Care Service

Unlicensed child care providers must complete and submit a DR 296C CHILD CARE PROVIDER INVOICE – UNLICENSED form for payment. Child care services in not an ISP category.

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Licensed day care centers (e.g., Kinder Care) should submit invoices printed on their company letterhead. Refer to the DR 297B AUTHORIZATION FOR SERVICES form, page 2, for details on invoices.

A Participant Authorization may not be used to pay for child care services.

1274 Short-Term Supports (12/17)

Short-Term Supports (STS) services are provided to DOR consumers upon placement into a competitive integrated employment (CIE) setting. Employment settings include but are not limited to: Work Experiences, On-the-Job Training (OJT), or placement into a job.

The STS is time limited, proactive, and individualized to match the consumer's employment related needs. The STS focuses on assisting the consumer to learn job duties, adjust to the work environment, and maintain CIE by developing natural supports within the employment setting. The STS is completed within 90 days, unless additional support is needed to ensure stabilization in the employment setting.

Short-Term Supports may include but are not limited to one or more of the following, as outlined in the Individual Service Plan (ISP) Report:

- Proactive contact with the consumer and trainer, site supervisor, ore employer, in order to identify and resolve issues to ensure continued success.
- Proactive and on-going assessment of the consumer's need for auxialiary goods and services (e.g., reasonable accomodations, work clothing/uniform, equipment).
- Regular contact with DOR staff to provide feedback on identified issues/challenges, consumer's progress towards a successful experience or CIE retention, and the need for additional services.
- Additional activities (on or off the job) as needed to stabilize the employment setting to include one or more of the following:
 - Developing appropriate work behaviors
 - Providing travel / job destination training
 - Training on employment setting tasks

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- Consulting with the employment setting supervisor to discuss strategies and accommodations

Once the employment setting has been identified, DOR staff will send the Community Rehabilitation Program (CRP) a referral packet that includes the information needed to address the consumer's individualized service needs. The packet will include, at a minimum, the following:

- Authorization to provide services
- Any necessary employment setting related document
- Any known reasonable accommodation needs
- Any other applicable information (e.g., evaluation information or applicable medical information)

The Rehabilitation Counselor or designated district staff will perform the following activities when authorizing STS services:

- Authorize based on results of an assessment or information indicating the need for STS.
- Complete, as necessary, the CRP referral forms and provide pertinent information from the record of services, including the identification of training needs.
- Obtain the ISP detailing goals and objectives, proposed training activities, and projected hours and timelines
- Obtain monthly written progress reports that identify the ISP objectives and training areas worked on during the month, hours, and dates of provided services, utilized approaches, and upcoming activities.
- Obtain a final report summarizing how goals and objectives were met through the provision of specific training services.

Refer to the [CRP Guide](#) for staffing qualifications, performance indicators, standard authorizations, payment, and certification and accreditation information pertaining to STS.

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1275 Specialized and Surgical Medical Services (12/17)

This service category includes the following procedure categories:

- [Integumentary System](#)
- [Respiratory System](#)
- [Cardiovascular System](#)
- [Hemic/Lymphatic](#)
- [Mediastinum](#)
- [Digestive System](#)
- [Urinary System](#)
- [Male/Female Systems](#)
- [Endocrine System](#)
- [Nervous System](#)
- [Eye and Ocular Adnexa](#)
- [Auditory System](#)
- [Dialysis](#)
- [Gastroenterology](#)
- [Oncology](#)
- [Neurology and Neuromuscular](#)
- [Other Specialized and Surgical Services](#)

This service category includes surgical procedures or services related to highly specialized medical care for a specific organ, body system, or disease.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Psychological requirements:

- Physical and Mental Restoration Services (CCR 7020)
- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

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The District Administrator and the Director or the Director's designee must approve maxillo-facial surgery costs in excess of \$5,000 prior to authorization of services.

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 13—Specialized and Surgical Medical Services.

[Go to CCR.](#)

1275.1 Integumentary System

The organ system that protects the body and internal tissues from various kinds of damage; has sensory receptors to detect pain, sensation, pressure, and temperature. Comprised of skin, hair and nails. This procedure category includes procedures related to skin, lesions, biopsy, repair, destruction, or surgery.

Musculoskeletal System: The organ system that gives people the ability to move using the muscular and skeletal systems; provides form, support for the body, stability, and movement to the body. Made up of the body's bones, muscles, cartilage, tendons, ligaments, joints, and other connective tissue. Services include wound exploration, incision, excision, introduction or removal, grafts or implants, and spinal fusion.

1275.2 Respiratory System

Required for breathing. Services include procedures for the airways, lungs, nose, accessory sinuses, larynx, trachea and bronchi, lungs and pleura, and respiratory muscles.

1275.3 Cardiovascular System

Required for heartbeat and blood circulation throughout the body. Services include procedures for the heart and pericardium, arteries and veins, circulatory assessments, heart valves and septum, and stress and rhythm tests.

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1275.4 Hemic/Lymphatic

The lymphatic system is part of the circulatory system. Services include procedures for the spleen, lymph nodes, and lymphatic channels.

1275.5 Mediastinum

The mediastinum is a group of structures in the thorax, surrounded by loose connective tissue. Services include procedures for the heart, the great vessels of the heart, the esophagus, trachea, phrenic and cardiac nerves, thoracic duct, thymus, lymph nodes, mediastinum, and diaphragm.

1275.6 Digestive System

The body's process of breaking down food to be absorbed into the blood stream for nutrients and energy. Services include procedures for the lips, vestibule of mouth, tongue and floor of mouth, palate and uvula, salivary gland and ducts, pharynx, adenoids, and tonsils, esophagus, stomach, intestines, rectum, anus, liver, biliary tract, pancreas, and abdomen.

1275.7 Urinary System

Produces, stores, and eliminates urine. Services include procedures for the kidneys, ureters, bladder, and urethra.

1275.8 Male/Female Systems

Procedures related to the male/female sexual organs and reproductive systems.

1275.9 Endocrine System

The system of glands and hormones. Services include procedures for the thyroid, parathyroid, thymus, adrenal glands, pancreas, and carotid body.

1275.10 Nervous System

Coordinates voluntary and non-voluntary bodily actions and transmits signals between different parts of the body. Consists of the central nervous system (CNS) and the peripheral nervous system (PNS). Services include

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procedures for the skull, brain, spine and spinal cord, extra-cranial nerves, peripheral nerves, and autonomic nervous system.

1275.11 Eye and Ocular Adnexa

Procedures related to the eye, orbit, eyelids, and connective tissues. Includes eye surgeries, such as cataract surgery.

1265.12 Auditory System

Procedures related to the external, middle, and inner ear.

1275.13 Dialysis

Process for removing waste and excess water from the blood; used as an artificial replacement for lost kidney function.

1275.14 Gastroenterology

Esophageal tests, gastrointestinal diagnostic/therapeutic procedures.

1275.15 Oncology

A branch of medicine that deals with diagnosis and treatment of cancer.

1275.16 Neurology and Neuromuscular

Evaluation of brain activity, muscles and range of motion, nerve and muscle function, neurofunctional brain testing.

1275.17 Other Specialized and Surgical Services

Any other specialized and surgical services not classified elsewhere.

1276 Supported Employment (12/17)

Supported Employment is the activities and services, including ongoing support services, needed by a person with a most significant disability to keep a job in a competitive integrated employment (CIE) setting.

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Supported Employment requirements:

- The State Supported Employment Services Program (CFR 363.50)
- Extended Services (CCR 7014.1)
- Group Placement (CCR 7016.1)
- Ongoing Support Services (CCR 7019.5)
- Source of Extended Services (CCR 7025.7)
- Supported Employment (CCR 7028)
- Supported Employment Services (CCR 7028.1)
- Transition to Extended Services (CCR 7028.7)
- Individualized Plan for Employment (IPE) for Supported Employment (CCR 7131.1)
- Supported Employment Program; Closing the Record of Services With an Employment Outcome (CCR 7179.7)

Supported Employment Program (SEP) services may be provided to individuals with the most significant disabilities for up to 24 months, unless, under special circumstances, the eligible individual and the Rehabilitation Counselor jointly agree to extend the time to achieve the employment outcome identifies in the IPE.

Once placed in employment, on-the-job support is provided in the form of Job Coaching (see [Sections 1243](#)). After the consumer has stabilized in the position, he or she is transitioned from DOR to an extended services provider for continued supported employment services.

Refer to the [CRP Guide](#) for more information on SEP.

Refer to [RAM Chapter 31](#)—Supported Employment Program—for more information.

[Go to CCR.](#)

1280 VR GOODS AND SERVICES: T (12/17)

This section includes services beginning with the letter T, as follows:

- [TPP Pre-Plan Work Experience](#)
- [Training – Barrier Removal](#)
- [Training – Business and Vocational](#)
- [Training – College/University](#)
- [Training – Other](#)
- [Training Equipment](#)
- [Transportation Services](#)
- [Travel](#)
- [Tutors](#)

1281 TPP Pre-Plan Work Experience (12/17)

Transition Partnership Projects (TPP) Pre-Plan Work Experience contracts are developed by the DOR to provide pre-employment transition services to eligible and potentially eligible students with a disability, ages 16 through 21. This service is an assessment, conducted through work experience, prior to the development of the Individualized Plan for Employment (IPE).

TPP Pre-Plan Work Experience consists of short-term placements, either on or off campus, and may include:

- Paid or unpaid internships
- Paid employment
- Simulated work trials
- Summer work experience
- Job exploration
- Job shadowing
- Volunteer activities

The student may participate in more than one work experience, if appropriate.

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Work experiences through TPP Pre-Plan Work Experience are intended as temporary placements to gain exposure to the workplace. They are not intended for the student to obtain a permanent job.

The wages paid to the student are funded through an authorization to the school district. The authorization should designate the specific number of work experience hours, and the student's hourly compensation, if applicable.

Any paid or unpaid work experience activities must meet the following criteria:

- Participating students are either receiving special education or are eligible for a 504 plan.
- Work activities comply with the Department of Labor regulations, including rules for volunteer placements if the work experience is unpaid.
- If it is a paid work experience, the contracting school will be the employer of record and the student will be paid at least minimum wage (federal, state, or local minimum wage, whichever is higher).
- Worker's compensation and Federal Insurance Contributions Act (FICA) costs may be included in the work experience rate.
- Students may participate in up to 100 hours of work experience hours.
- Additional hours may be authorized, as appropriate.

Work experience services provided by TPP staff, such as the development of the work experience site, are part of the TPP cooperative contract. TPP staff will evaluate the student and submit a written report to the Rehabilitation Counselor on a monthly basis.

Refer to [Section 1282](#)—Training—Barrier Removal—and [Section 1295](#)—We Can Work Pre-ETS—for information on work experience options post-IPE development.

Refer to [RAM Chapter 10](#) for more information on Cooperative Program Contracts.

For further guidance and questions, please contact the [Cooperative Programs Section](#).

1282 Training – Barrier Removal (12/17)

This service category includes the following procedure categories:

- [Work Services / Work Activity / Work Experience](#)
- [Work Adjustment](#)
- [Personal, Vocational, and Social Adjustment \(PVSA\)](#)
- [Communication and Language Skills Training](#)
- [Braille Training](#)

Training – Barrier Removal is training focused on helping consumers learn and develop skills that can be used in a working environment.

The Rehabilitation Counselor will perform the following actions when authorizing Training – Barrier Removal services:

- Complete CRP referral forms, as appropriate, and provide pertinent information from the consumer's record of services, including the identification of barriers and behaviors to employment that are to be addressed.
- Obtain a written agreement detailing goals and objectives, service work site, proposed training activities, and projected hours/timelines from the service provider.
- Obtain written monthly reports that identify progress on objectives, including information regarding the hours and dates of services provided.
- Obtain a final report at the conclusion of services summarizing how goals and objectives were met, and recommendations of services or supports necessary to ensure a successful employment outcome.

Refer to the [CRP Guide](#) for more information on staff qualifications, referral/intake, reporting requirements, performance indicators, standard authorization, payment, and certification/accreditation.

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Refer to the following sections for more information on Cooperative Program Services:

- [Section 1232—Cooperative Program Services](#)
- [Section 1281—TPP Pre-Plan Work Experience](#)
- [Section 1295—We Can Work Pre-ETS](#)

Refer to [RAM Chapter 10](#) for more information on Cooperative Program Contracts.

For further guidance and questions, please contact the [Cooperative Programs Section](#).

1282.1 Work Services / Work Activity/ Work Experience

Work Services / Work Activity / Work Experience provides paid work and needed vocationally-related support services to enable each consumer to maintain his or her present level of functioning and to continue to train and prepare for supported and/or regular employment.

1282.2 Work Adjustment

Work Adjustment provides transitional, time-limited, systematic services that use real work or approved volunteer sites, to train DOR consumers in the meaning, value, and demands of a job.

1282.3 Personal, Vocational, and Social Adjustment (PVSA)

Personal, Vocational, and Social Adjustments (PVSA) are services to maximize a consumer's independent vocational functioning by training in appropriate work related behaviors, and to eliminate specifically identified barriers to employment.

1282.4 Communication and Language Skills Training

Communication and Language Skills Trainings are assessment and training services provided in a group or individual setting to consumers with sensory impairments to improve communication at work, home, and in the community.

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Refer to [RAM Chapter 29, Exhibit A](#)—ISP Categories.

Refer to [RAM Chapter 29, Exhibit D](#)—Procedures for Evaluating Communication Assistants.

1282.5 Braille Training

Braille Trainings is a service to teach reading and writing of Grade 1 and Grade 2 Braille to blind and visually-impaired individuals.

Refer to [RAM Chapter 29, Exhibit A](#)—ISP Categories.

1283 Training – Business and Vocational (12/17)

This service category includes the following procedure categories:

- Business and Vocational Training – Public
- Business and Vocational Training – Private

Training – Business and Vocational is training in a public or private institution that does not lead to a degree; instead, it prepares a consumer for an allied business, certificated, or trade occupation.

Examples of educational focus areas include: areas of office practice, typing, word processing, bookkeeping, accounting, data processing, etc. Training in the vocational, technical, or trade school typically prepares the consumer for occupations such as welding, woodworking, TV repair, electrical wiring, auto and aviation mechanics, drafting, cosmetology, truck driving, and barbering.

This category also includes labor union fees and dues, school transcripts, educational reports, achievement/progress reports, books and supplies, and fees related to training in this category. It includes training in a business/commercial school or business college, vocational/technical/trade school, correspondence, or online school.

Refer to [Section 1284.8](#) for information on Tuition, Registration, and Training Fees for Private and Out-of-State Training.

1284 Training – College/University (12/17)

This service category includes the following procedure categories:

- [Community College – Public](#)
- [College or University – Public \(UC or CSU\)](#)
- [College or University – Private/Out-of-State](#)
- [Graduate College or University – Public](#)
- [Graduate College or University – Private/Out-of-State](#)

The Training Services – College/University service category includes consumer training and training services at an institution of higher education, i.e., universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing. Attendance may be full or part-time, for day or evening courses.

This service category also includes the following:

- College/University extension schools
- Non-degree college/university certificate programs
- Books and supplies
- Other required fees for training at this level, except immunizations (refer to [Section 1237.5](#))

The Rehabilitation Counselor and designated district staff will apply the following regulations for Training – College/University:

- Training Services (CCR 7154)
- Use of Public or Private Institutions (CCR 7155)
- College Level Training (CCR 7156)
- Out-of-State Training (CCR 7158.8)
- Completion and Termination of Training (CCR 7159)
- Additional Requirements – Institutions of Higher Education (CCR 7197)
- College Level Training for the Deaf (CCR 7261–7261.4)
- Private Education Institutions and Training Schools (CCR 7303)

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The DOR supports the right of the consumer to exercise informed choice² in the selection of an institution of higher education for the completion of training necessary to achieve the employment objective of the IPE. The Rehabilitation Counselor will assist the consumer in identifying and selecting higher education options. The availability and scope of the consumer's informed choice must be consistent with DOR obligations under the Rehabilitation Act as amended by the WIOA and federal regulations, and with DOR responsibility for administration of the VR program.

The Rehabilitation Counselor and designated district staff shall determine the necessary and appropriate cost of providing training, and will inform the consumer that the level of funding provided by the DOR is limited to the cost of the least expensive educational program that will meet the training requirements necessary to achieve the employment objective of the IPE. The Rehabilitation Counselor may authorize assistance for college/university training dependent on levels of academic standing and consideration of available comparable services and benefits, which include financial aid (refer to [Section 1203](#)).

The DOR may not pay for training or training services in an institution of higher education unless maximum efforts have been made by the DOR and the consumer to secure comparable benefits, in whole or in part, from other sources to pay for the training. "Maximum effort" means the consumer has performed actions necessary to secure any available comparable benefits. The Rehabilitation Counselor and designated district staff shall assist the consumer, as necessary, in identifying and applying for any comparable benefits for which the consumer may be eligible. (Refer to the RAM Chapter 12 Desk Manual, for examples of available comparable benefits.)

The Rehabilitation Counselor shall authorize college/university training services at the least expensive educational institutions, in the following order of preference:

1. Community college, or equivalent
2. State college or university

² Implementation of Informed Choice (RSA PD-01-03 (2001))

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3. Private college or university
4. Out-of-state college or university

In all cases, the Rehabilitation Counselor and the consumer will consider the following in the selection of an institution of higher education:

- Specific accommodations and supports that will meet the training needs of the consumer and ensure the success of the IPE.
- Accessibility and availability of the accommodations and supports necessary for the consumer to participate and succeed in the training program.

Training shall be terminated whenever an assessment of the client indicates readiness for employment or a lack of adequate performance by either the client or trainer in the training program. (Refer to the RAM Chapter 12 Desk Manual for more information on Academic Standing.)

For the purpose of providing appropriate VR services, the “first two years” refers to the first two years of coursework required in a four-year degree program, during which the consumer is taking general education coursework or lower division courses related to consumer’s certificate or degree major. “After the first two years” refers to the period of time during which the consumer, after completion of the general education / lower division coursework, must take upper division coursework directly related to his or her degree major.

District staff shall inform consumers that community colleges have transfer agreements with most California State University (CSU) and University of California (UC) campuses. These transfer agreements give community college students priority admission to a state college or university when they have completed their lower division coursework and qualified for upper division status.

The DOR’s support for college level training for the deaf and hard of hearing, including private and out-of-state training, must be appropriately justified, in accordance with CCR 7261–7261.4.

Refer to [RAM Chapter 11](#) for information on Methods for Authorizing Tuition, Registration, and Training Fees for Public Schools.

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1284.1 Consumer Academic Plan and Progress

The consumer shall meet with an academic advisor during the first year of school, and on a subsequent yearly basis, to develop and review an academic plan listing the courses and timeframe required for completion of the certificate, degree, or transfer requirements related to the training objectives of the IPE.

A copy of the academic plan shall be placed in the consumer's record of services. The Rehabilitation Counselor shall review the academic plan, transcripts, and grades with the consumer prior to the next authorizing period. The academic plan and IPE progress expectations and responsibilities shall be reviewed at the time of the annual review, and updated as necessary.

The Rehabilitation Counselor shall advise the consumer that the DOR may fund planned training, as described in the academic plan, if financial aid is insufficient to meet training costs. The DOR may fund additional coursework beyond the courses outlined in the academic plan if the Rehabilitation Counselor and the consumer determine that the additional coursework is necessary to achieving the objective of the consumer's IPE and comparable benefits are not available. The Rehabilitation Counselor will document the necessity for such additional coursework in a case note.

1284.2 Community College – Public

The DOR may assist a consumer whose IPE includes training at a community college with tuition costs up to the California resident "per unit" tuition rate for community colleges in California, after consideration of available financial aid and comparable benefits.

In limited cases, initial training in a community college program will not enable a consumer to achieve the objective of the IPE. In such cases, the DOR may provide the funding required for the consumer to attend a public four-year institution (or the equivalent cost if the consumer must attend a private institution); and, the Rehabilitation Counselor will clearly document

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in the IPE the reasons why the consumer is unable to attend or complete initial training at a community college.

1284.3 College or University – Public

The DOR may assist a consumer whose IPE includes undergraduate level training at a public college or university with tuition costs, after consideration of available financial aid and comparable benefits, as follows:

- Consumers attending a CSU institution may receive up to the California resident “undergraduate full-time” tuition rate for the CSU.
- Consumers attending a UC institution may receive up to the California resident “undergraduate full-time” tuition rate for the UC.

1284.4 College or University – Private/Out-of-State

The DOR may assist a consumer whose IPE includes undergraduate level training at a private college or university with tuition costs, after consideration of available financial aid and comparable benefits, as follows:

- Up to the California resident “undergraduate full-time” tuition rate for the CSU system; or,
- Up to the California resident “undergraduate full-time” tuition rate for the UC system, if a comparable program does not exist in the CSU system.

Refer to [Section 1284.7](#) and [Section 1284.8](#) for more information on authorizing private and out-of-state training.

1273.5 Graduate College or University – Public

The DOR may assist a consumer whose IPE includes post-graduate level training at a public college or university with tuition costs, after consideration of available financial aid and comparable benefits, as follows:

- Consumers attending a CSU institution may receive up to the California resident “post-graduate full-time” tuition rate for the CSU.
- Consumers attending a UC institution may receive up to the California resident “post-graduate full-time” tuition rate for the UC.

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1284.6 Graduate College or University – Private/Out-of-State

The DOR may assist a consumer whose IPE includes post-graduate level training at a private college or university with tuition costs, after consideration of available financial aid and comparable benefits, as follows:

- Up to the California resident “post-graduate full-time” tuition rate for the CSU system; or,
- Up to the California resident “post-graduate full-time” tuition rate for the UC system, if a comparable program does not exist in the CSU system.

Refer to [Section 1284.7](#) and [Section 1284.8](#) for more information on authorizing private and out-of-state training.

1284.7 Out-of-State Training

The DOR may pay for out-of-state training only when one of the following conditions is met:

1. Suitable facilities or courses are not available within the State.
2. The client lives near an adjoining state and the out-of-state facilities are more readily available in the adjoining state.
3. Undue hardship would be imposed on the client by requiring the use of facilities or courses within the State.

The Rehabilitation Counselor will obtain the following approvals prior to authorization of out-of-state training services:

- Team Manager approval for all out-of-state trainings
- District Administrator approval for all out-of-state trainings of \$2,000 or more.

1284.8 Tuition, Registration, and Training Fees for Private and Out-of-State

In accordance with CCR 7156, DOR's level of support for training costs is limited to the cost of the least expensive educational program that will meet the training requirements necessary to achieve the goal of the consumer's IPE. If appropriate training is available at a public institution but the consumer chooses a private institution, DOR may fund the cost up to the

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limits set forth above, and the consumer is responsible for any costs above that level.

DOR will pay for the cost of training at private and out-of-state institutions only when the training required for successful completion of the IPE is not available at a public institution. DOR support for private or out-of-state training must be appropriately justified, in accordance with CCR, sections 7156 and 7158.8, respectively, and with the requirement for informed choice.

If the consumer chooses to attend training at a private institution despite the fact that the training needs can be met at an available public institution, the Rehabilitation Counselor shall determine whether the total cost of the private institution is equal to or less than an available public institution.

If it is determined that the private institution will cost more than the available public institution, the consumer must agree to pay the additional costs for training at the private institution.

Private educational institutions and business, technical, or trade schools, whether providing in-person or online training programs, must be approved by the Bureau of Private Postsecondary Education (BPPE); this includes out-of-state educational institutions providing online courses to individuals residing in California.

All BPPE approved private educational institutions or schools shall complete the following actions prior to becoming a provider of services:

- Provide the DOR with all of the following:
 - Copies of approval documents from the BPPE.
 - All school literature, including enrollement agreements and prices, tool lists, and other relevant material.
 - Sufficient additional information for the DOR to complete the DR 720 SCHOOL SURVEY form.
- Agree to complete and submit each month, along with its billing, a DR 226 REPORT OF PROGRESS IN TRAINING form. A current report card may be substituted for the DR 226 form.

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Tuition shall be paid to private and out-of-state schools only for work completed. For correspondence (online) courses, this means on a per-lesson basis at a rate pro-rated over the number of lessons in the course. For other private training, the pro-rating may be on a lesson, hourly, or monthly basis.

The Rehabilitation Counselor will perform the following actions prior to authorization:

- Verify that BPPE requirements have been met for the institution for which services are to be authorized.
- Verify that an approved DR 720 form is on file in the district office.
- Obtain Team Manager approval for the authorizing of private school registration and enrollment

Refer to [Section 1284.7](#) for criteria for out-of-state training.

Refer to the EDD WIA Eligible Training Provider List database, at <<http://etpl.edd.ca.gov>>, or query the BPPE, at <www.bppe.ca.gov>, for the list of approved training providers.

1285 Training – Other (12/17)

This Service Category includes the following Procedure Categories:

- [Elementary School](#)
- [High School](#)
- [Adult Education](#)
- [Specialized Schools](#)

Training – Other covers public academic training on a secondary level or lower, including GED preparatory courses and exams, adult secondary education, and specialized schools, such as schools specifically for students who are blind or deaf.

This category also includes the cost of school transcripts, progress reports, books and supplies, and parking fees required for these training programs.

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Refer to [RAM Chapter 10](#) for information on Cooperative Program Contracts, or contact the [Cooperative Programs Section](#) for information on Workability II—Adult Schools and Regional Occupational Programs.

1285.1 Elementary School

Elementary School covers the costs of an institution that provides academic instruction in elementary or primary education, through grade 8.

1285.2 High School

High School covers the costs of a secondary school that provides instruction in secondary education, usually grades 9 through 12.

1285.3 Adult Education

Adult Education covers the costs of courses other than elementary or secondary education for adults. These may include lectures, seminars, extension, or continuing education classes.

1285.4 Specialized Schools

Specialized Schools covers the costs of a school or business that offers specialized instruction.

Examples can be secondary schools for students who are blind or deaf or schools that offer non-academic education, such as driving instruction.

1286 Training Equipment (12/17)

Training Equipment is the purchase, rental, repair, or moving of tools, equipment, and other durable items required by a training program. It includes sales tax, installation, and related costs.

The Rehabilitation Counselor will distinguish between “Books and Supplies,” included within the Training service categories, and “Training Equipment.”

Training Equipment means equipment that may be necessary to a training program, such as a light desk for a drafting class, or welding gloves and

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eyewear. Equipment refers to durable rather than consumable items, of sufficient value to reuse or resell.

Training equipment does not include computers, A.T. devices, computer software as A.T., or other equipment better suited within another service category.

Training Equipment is subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [Section 1205](#)—Issuance of Consumer Goods and Services—for information on issuance of consumer equipment, including equipment rental, relocation, and repairs.

Refer to [Section 1253](#) for information on Placement Equipment.

1287 Transportation Services (12/17)

This service category includes the following procedure categories:

- [Transportation - DOR Consumer](#)
- [VR WAP Transportation - DOR Consumer](#)
- [Transportation - Service Provider](#)
- [Driver Services](#)

Transportation is defined as travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation (VR) service. It also includes the travel and related expenses for a service provider, if necessary to enable VR service participation.

Transportation is the cost of consumer bus passes, airfare, trains, taxis, driver services, private vehicle mileage reimbursement, and specific elements of service provider travel, when these are incurred during the determination of eligibility, participation in an IPE, or receipt of post-employment services. This category does not include parking or bridge tolls (refer to [Section 1288—Travel](#)).

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The Rehabilitation Counselor and designated district staff will refer to the following regulations for Transportation Services requirements:

- Client-Owned Vehicle Use (CCR 7162)
- Exemptions from Client Financial Participation (CCR 7191)
- Placement in Suitable Employment (CCR 7153)
- Privately Owned and Operated Modes of Transportation (CCR 7163)
- Readers, Notetaker Services, Attendants and Drivers (CCR 7169)
- Readers, Notetakers, Drivers and Attendants (CCR 7301)
- Transportation (CCR 7029)
- Transportation Services—General (CCR 7161)
- Transportation Services—Employed Clients (CCR 7161.5)
- Transportation Expenses for Permanent Relocation (CCR 7163.5)
- Administrative Review—Appellants (CCR 7353)
- Mediation (CCR 7353.6)

Transportation is a supportive service and is not, alone, a VR service. Therefore, no record of services may remain open solely for the provision of travel or transportation services.

All transportation services are subject to comparable benefits. Consumers are exempt from financial participation for the following expenses: driver services, service provider transportation, private vehicle mileage reimbursement, and the most economical public transportation available which meets the special needs of the consumer.

The mode of transportation provided to a consumer shall be the least costly mode which meets the special needs of the consumer.

If a consumer wishes to use transportation services that cost more than the most economical type available, the DOR will pay only the amount of the most economical type, and any transportation costs in excess of these are subject to financial participation.

Refer to [Section 1261](#)—Personal Attendant Care—for additional information on personal attendants, in the event that a personal attendant must provide driver services.

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Refer to [Section 1288](#)—Travel—for additional information on relocation (moving) and other transportation-related services, including permanent relocation.

Refer to [Section 1291](#)—Vehicle—Other—and [Section 1293](#)—Vehicle Purchase/Rental—for information on vehicle-related services.

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1287.1 Transportation Allowances

Transportation allowances are normally based on a 22-day month, at a monthly rate. If the exact amount required each day for transportation is known, the Rehabilitation Counselor may authorize a daily amount rather than a monthly allowance. In such cases, the claim must specify the amount per day and the number of days covered in the period.

The Rehabilitation Counselor will adjust a transportation allowance to reflect consumer absences that are in excess of four days in a month, as appropriate to the individual circumstances. Team Manager approval is required for transportation overpayment, due to absences, in excess of \$50 per month.

If emergency cash is needed for authorized transportation expenses, the DR 252 IMPREST CASH CLAIM form may be used to provide consumers with cash for these purposes, up to \$15 in any one day. Refer to [RAM Chapter 16](#) for more information on Imprest Cash for Consumer Services.

Contact the State Vehicle Fleet Coordinator, in the DOR Business Services Section, for information on the following:

- Instructions For Estimating Travel Costs For Off-Site Evaluation Services
- Standard Evaluation Hourly Rate Computation Worksheet
- Travel Cost Estimation Worksheet.
- A sample authorization for driver evaluation services.

Contact Central Office (CO) Accounting Services for further information on travel expense reimbursement.

1287.2 Consumer-Owned Vehicle Mileage Reimbursement

A consumer may be reimbursed for driving his or her own vehicle for the purposes of VR program participation. Consumer-owned vehicles may be used as transportation for any of the following reasons:

- The consumer-owned vehicle is the least costly mode of transportation.
- The Rehabilitation Counselor determines that a consumer-owned vehicle must be used due to either of the following circumstances:
 - The consumer is required to operate his or her own vehicle to complete an IPE.
 - A publically owned or contracted mode of transportation is not readily available or would cause undue hardship to the consumer, based on the proximity of the transport, the frequency of the transport at the times the consumer will be traveling, or the special needs of the consumer.
- Neither of the above apply, but the consumer elects to drive his or her own vehicle when traveling for VR program activities.

If a consumer elects to use his or her own vehicle and it is neither required by the IPE nor the least costly mode of transportation, the transportation allowance shall consist of the lesser of the following expenses:

1. Actual costs of gas, oil, and necessary bridge tolls and parking.
2. The least expensive rate charged by the local public transportation company for the mode of transportation accessible to the client.

Consumer-owned vehicle usage is paid at fifteen cents (\$0.15) per mile, or at twenty cents (\$0.20) for adapted vans.

The Rehabilitation Counselor should verify a consumer's driver license, vehicle registration, and insurance prior to authorizing payment for usage of a consumer vehicle for transportation services. Verification should be documented in a case note.

1287.3 Transportation – Employed Consumers

If the consumer is employed, transportation services shall be provided only until he or she is financially capable of assuming the cost, or until the

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record of services is closed, whichever occurs first. Employed consumers are deemed financially capable of assuming the cost of transportation after having received one full month of salary or wages, unless there is evidence that undue financial hardship exists in accordance with CCR 7161.5(b) and (c).

If the consumer is receiving post-employment services, transportation services may be provided with the prior written approval of the Team Manager. Team Manager approval shall be based upon verification of the following criteria:

- The transportation services are necessary to support an overall program of PES.
- The services are requested within 12 months of record of services closure.
- Determinations on similar benefits and financial participation have been made.

If the consumer is not receiving post-employment services and has received at least one full month of pay, transportation services may only be provided with District Administrator approval. The District Administrator shall make a decision based upon the following elements:

- The mode of transportation being provided is the least costly option which meets the special needs of the client.
- Determinations on similar benefits and financial participation have been made.
- Undue financial hardship exists for the consumer in accordance with 7161.5(b) and (c).

1287.4 Transportation – DOR Consumer

Transportation–DOR Consumer covers the costs of specific transportation expenses required for assessment, counseling, or participation in an IPE. This procedure category includes the costs of an applicant's or consumer's bus pass, airfare, train ticket, taxi, and mileage reimbursement for private vehicle use.

Privately-owned and operated modes of transportation shall only be authorized when a publicly-owned or contracted mode of transportation is

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not readily available or would cause undue hardship, and the privately-owned option can meet the special needs of the consumer. In such a case, payment will be made directly to the transportation provider.

Transportation services may also be provided upon request for consumers attending an administrative review or mediation, who require such help and are unable to secure assistance through other sources.

1287.5 VR WAP Transportation – DOR Consumer

Vocational Rehabilitation Work Activity Program (VR WAP) Transportation–DOR Consumer is transportation services provided by Department of Developmental Services as part of a contract for group Supported Employment.

1287.6 Transportation – Service Provider

Transportation–Service Provider covers specific elements of service provider transportation, when the services of a personal care attendant, aide, or other provider are necessary to enable the applicant or eligible individual to participate in VR services.

This procedure category includes the costs of a service provider's airfare, train ticket, taxi, rental car, and mileage reimbursement for private vehicle use.

In order to request payment, service providers must itemize their services on a DR 296A INDIVIDUAL SERVICE PROVIDER (ISP) – WORKSHEET form and submit it with the DR 296 INDIVIDUAL SERVICE PROVIDER (ISP) – INVOICE form.

Refer to [RAM Chapter 12, Exhibit A](#), for service provider rates for mileage reimbursement.

1287.7 Driver Services

Driver Services are services provided to drive a consumer, in either the consumer or provider's vehicle, as necessary and appropriate to the consumer's VR program.

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The driver must possess a valid California Driver's License, an appropriate vehicle, and the minimum insurance coverage required by law, as well as \$5,000 in medical coverage.

For drivers commuting long distances to transport consumers, the Team Manager shall ensure that the record of services contains documentation verifying no other form of local transportation is available for the consumer.

A driver may be secured in one of the following three ways:

1. Through comparable benefits.
2. Through a service provider.
3. Through the consumer's family member or other closely associated person, who is able to provide these services without pay and volunteers to do so.

1288 Travel (12/17)

This service category includes the following procedure categories:

- [Travel - DOR Consumer](#)
- [Travel - Service Provider](#)

Travel is the cost of bridge tolls, parking, and specific elements of service provider travel, when these are incurred during the determination of rehabilitation potential, participation in an IPE, or receipt of post-employment services. Travel also includes relocation expenses when permanent relocation is necessitated by suitable employment obtained as a result of IPE completion. Travel also includes participant support costs in connection with a consumer's attendance at conferences or training projects. This type of travel requires prior approval by federal awarding agencies (i.e., Rehabilitation Services Administration).

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Travel requirements:

- Exemptions from Client Financial Participation (CCR 7191)
- Placement in Suitable Employment (CCR 7153)
- Transportation (CCR 7029)
- Transportation Services – General (CCR 7161)

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- Transportation Services – Employed Clients (CCR 7161.5)
- Transportation Expenses for Permanent Relocation (CCR 7163.5)

Travel is a supportive service and is not, alone, a VR service. Therefore, no record of services may remain open solely for the provision of travel or transportation services.

All travel services are subject to comparable benefits. Consumers are exempt from financial participation for service provider travel and mileage reimbursement for a private vehicle. Any travel costs in excess of these are subject to financial participation.

Refer to [Section 1244](#)—Maintenance—and [Section 1287](#)—Transportation Services—for additional information on transportation services, including Transportation/Travel Allowance and transportation for employed consumers.

Refer to [Section 1261](#) for more information on Personal Attendant Care.

[Go to CCR.](#)

1288.1 Permanent Relocation

The DOR may only pay for consumer permanent relocation and certain moving costs in the following circumstances:

- A consumer has accepted suitable employment, which is a significant distance from the individual's current residence, as a result of IPE completion.
- Permanent relocation is more cost effective and feasible than transportation to and from the consumer's current residence and place of employment.
- The requirements for transportation services, with respect to comparable services and financial participation, have been met.
- It is necessary for the consumer to temporarily change residence in order to participate in a VR service that is not within commuting distance of the consumer's residence.

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Relocations may be conducted through self-moves, when the consumer moves his or her own belongings, or by carrier moves, when a licensed, state-approved moving company relocates the consumer's belongings.

Permanent Relocation – Prior Approvals

Prior written approval is required for all consumer relocations. District staff must document prior approval(s) in a record of services case note, and must obtain the following levels of approval:

- Team Manager prior approval for all moves under \$500.
- District Administrator prior approval for all moves over \$500.
- Contracts & Procurement Section (C&PS) prior approval for moves exceeding \$5,000.

Permanent Relocation – Self-Move

Self-moves typically occur when a consumer moves his or her own belongings. The Rehabilitation Counselor may authorize only the following costs for permanent relocation via a self-move:

- The cost of renting a truck or trailer, and truck rental insurance.
- Bridge tolls, parking, and mileage reimbursement for a consumer who is driving to the new residence in a vehicle that he or she owns. The mileage shall be based on the most direct route from the consumer's former residence to the new residence.
- One-way fare on the least expensive mode of common carrier that is accessible to the consumer (such as a bus or train).

For all self-moves, designated district staff will perform the following actions:

- Obtain two bid quotes for in-state self-moves using a DR 815 REQUEST FOR QUOTE form. The bid must include the cost of renting a truck or trailer, and required Collision Damage Waiver (CDW) truck rental insurance.
- Obtain three bid quotes for out-of-state self-moves.
- Use a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form to authorize truck rental and required rental insurance from the vendor.

- Use a Participant Authorization only to pay for bridge tolls, parking, and mileage reimbursement for the consumer's own vehicle, or a one-way fare on the least expensive mode of common carrier that is accessible to the consumer, such as a bus or train (if not covered by Concur/AMEX).

Permanent Relocation – Carrier Move

Carrier moves typically occur when a licensed, state-approved moving company relocates a consumer's belongings for consumer permanent relocation. The Rehabilitation Counselor may only select a licensed, state-approved carrier that is "Certified" by the State. "Certified" means recorded on the [DGS List of Eligible Household Goods Carriers](#). The benefit is that only one bid quote is needed for in-state carrier moves under \$5,000. List updates are available at:

<<http://www.dgs.ca.gov/pd/Programs/Transportation.aspx>>.

For all carrier moves, designated district staff will perform the following actions:

- Select only licensed, state-approved carriers from the [DGS List of Eligible Household Goods Carriers](#).
- Obtain only one bid quote to authorize in-state moving expenses to a licensed, state-approved carrier, using a DR 815 REQUEST FOR QUOTE form.
- Obtain three bid quotes for out-of-state carrier moves.
- Enter unique circumstances that may apply to the relocation of the consumer (e.g., the need to move a hospital bed or wheel chair) into the Unique Circumstances section of the DR 815 form, if any.
- Use a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form to authorize consumer relocation and moving services from a licensed, state-approved carrier.
- On the DR 297B form, instruct the vendor to provide required documentation with their invoice, including the Bill of Lading, any packing slips and verifications, and an itemized breakdown of all actual charges (the DOR will not accept flat-rate invoices).
- Send all consumer relocation and moving invoices, along with associated required documentation, to DOR Accounting Services.

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1288.2 Travel – DOR Consumer

Travel – DOR Consumer covers bridge tolls and parking fees associated with travel that is necessary for assessment or IPE participation. It also includes Concur booking fees in the event that travel arrangements are reserved through Concur.

If a consumer permanently relocates due to suitable employment obtained as a result of IPE completion, certain relocation expenses are included under Travel–DOR Consumer. These are truck or trailer rentals for self-moves, charges for moves completed by a licensed carrier, and bridge tolls and parking fees for the drive to the new residence if the consumer is traveling via personal vehicle.

1288.3 Travel – Service Provider

Travel–Service Provider covers specific elements of service provider travel when the services of a personal care attendant, aide, or other provider are necessary to enable the applicant or eligible individual to participate in vocational rehabilitation services.

This procedure category includes the costs of the service provider's salary, lodging, meals, parking, bridge tolls, and allowable incidentals.

In order to request payment, service providers must itemize their services on a DR 296A INDIVIDUAL SERVICE PROVIDER (ISP) – WORKSHEET form and submit it with the DR 296 INDIVIDUAL SERVICE PROVIDER (ISP) – INVOICE form.

1289 Tutors (12/17)

This service category includes the following procedure categories:

- [Academic Tutors](#)
- [Vocational Skills Tutors](#)
- [Computer Tutors \(Non-A.T.\)](#)

Tutors provide instruction in a specific subject. Tutorial services shall be provided when necessary to the successful completion of a consumer's IPE.

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All tutoring services are subject to similar benefits but are exempt from the client financial participation requirement (CCR 7191).

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Tutors requirements:

- Tutorial Services (CCR 7170)
- Tutors (CCR 7301.5)

Team Manager interview and approval is required prior to authorization of tutoring services.

The Rehabilitation Counselor may provide a 30-day emergency authorization if obtaining all authorizing documentation prior to authorization of services causes a lengthy delay or hardship on the consumer's IPE progress.

Refer to [RAM Chapter 29, Exhibit A](#), for documentation requirements and qualification standards for tutors.

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1289.1 Academic Tutors

Academic Tutors assist individuals with disabilities with specific courses related to an academic program of study.

Academic tutorial services shall be provided as a supplement to training services when necessary for a successful IPE outcome.

A consumer receiving any of the following VR services may be eligible for academic tutoring:

- Training – Business and Vocational
- Training – College/University
- Training – Other

1289.2 Vocational Skills Tutors

Vocational Skills Tutors assist individuals with disabilities in learning specific vocational skills.

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Vocational skills tutorial services shall be provided as a supplement to other training services when necessary for a successful IPE outcome.

Consumers receiving any of the following VR services may be eligible for vocational skills tutoring:

- Occupational Skills Training
- On-the-Job Training
- Work Services
- Work Adjustment
- TPP pre-plan work experience
- We Can Work Pre-ETS
- Training – Business and Vocational
- Training – Other

1289.3 Computer Tutors (Non-A.T.)

Computer Tutors (Non-A.T.) provide introductory level training in computers, software, and other office equipment. Computer Tutors may also provide assistance with installation, set-up, and troubleshooting.

Training services may include the following:

- Turning on the personal computer, installing and running software, and connect to the Internet.
- Providing basic introductory training in the use of software (e.g., Microsoft Windows or Office, or Internet Explorer).
- Diagnosing and fixing minor hardware or software problems.
- Connecting a fax machine, personal computer, laptop, monitor, printer, keyboard, or modem.

A consumer is eligible to receive computer tutoring services when learning such skills are essential to achieving independence as it relates to obtaining suitable employment, or successfully attaining an IPE outcome.

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1290 VR GOODS AND SERVICES: U–Z (12/17)

This section includes services beginning with the letters U through Z, as follows:

- [Vehicle – Other](#)
- [Vehicle Modification](#)
- [Vehicle Purchase/Rental](#)
- [Vision](#)
- [We Can Work – Pre-ETS](#)

1291 Vehicle – Other (12/17)

This service category includes the following procedure categories:

- [Vehicle Fees](#)
- [Vehicle Repairs](#)
- [Vehicle Liability Insurance](#)
- [Vehicle Parts](#)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Vehicles – Other requirements:

- Transportation Services—General (CCR 7161)
- Client-Owned Vehicle Use (CCR 7162)
- Client-Owned Vehicle Insurance (CCR 7162.3)
- Client-Owned Vehicle Repairs (CCR 7162.5)
- Vehicle Purchase (CCR 7164)
- Vehicle Purchase—Financial Ability (CCR 7164.2)
- Purchase of Vehicle Modifications (CCR 7165)

The Rehabilitation Counselor will re-evaluate a consumer's least costly mode of transportation if a consumer vehicle or vehicle modification(s) becomes inoperable as the result of an accident.

The DOR may not have liability for vehicle or modification repairs caused by a vehicle accident; DOR legal guidance is available to discuss liability questions.

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1291.1 Vehicle Fees

Vehicle Fees covers the costs of fees for consumer-owned vehicles, such as driver's license renewal, Department of Motor Vehicle (DMV) vehicle registration fees, DMV title transfer fee, or other fees not included in another category.

1291.2 Vehicle Repairs

Vehicle Repairs are the repairs to a consumer-owned vehicle, not including modification repairs. This category includes estimates, fees, vehicle inspection fees, towing, and parts and labor for non-modification repairs. It does not include car rental while vehicle is being repaired (refer to [Section 1293.2—Vehicle Rental](#)).

All vehicle repairs must be completed by a licensed business. It is not acceptable to authorize repairs from a “backyard mechanic.”

Team Manager approval is required for all vehicle repairs, regardless of cost, at each occurrence. District Administrator approval is required for all vehicle repairs exceeding \$500, at each occurrence.

If the vehicle is non-operational, Team Manager approval is required for towing of the vehicle to the selected automotive repair facility.

Repairs estimated to cost more than \$1,000 must not be authorized if the cost exceeds the Kelly Blue Book value of the vehicle, using the vehicle information on a current registration document. Refer to Kelly Blue Book at: <http://www.kbb.com/>.

Batteries being replaced as part of the vehicle repair through a vendor are considered a Vehicle Repair, not parts.

The Rehabilitation Counselor or designated district staff will ensure that copies of repair records are also kept in the consumer's record of services.

A Participant Authorization may not be authorized for vehicle repairs \$100 or above (CCR 7162.5).

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Inspection: Consumer-Owned, Unmodified Vehicle

A consumer-owned vehicle that requires repair must first be inspected by a repair facility approved by the DGS-OFAM, rather than by the state auto inspector. Team Manager prior approval is required for both the inspection and for towing that may be necessary to have a vehicle inspected.

A completed DR 704 SAFETY AND DIAGNOSTIC INSPECTION form is required from the approved repair facility, prior to repairs, under the following conditions:

- If using a DGS-OFAM repair facility and the estimated cost of repair exceeds \$500.
- If using a non-DGS-OFAM repair facility and the estimated cost of repair exceeds \$350.

A facility completing the inspection must provide an STD 204 PAYEE DATA RECORD form if one is not contained in the DOR Vendor records.

Repair: Consumer-Owned, Modified Vehicle

An inspection by a DOR-contracted vehicle modifier is required prior to repair of a consumer-owned modified vehicle.

Repair of a modified vehicle shall be completed only by a DOR-contracted vehicle modifier. The Mobility Evaluation Program (MEP) will provide the Rehabilitation Counselor with resources to locate a local DOR contract vehicle modifier who will complete the repair work.

Modification repairs must be inspected by a DOR-approved inspection contractor prior to release to a consumer.

Refer to [RAM Chapter 9](#)—Procurement—for more information on vehicle repairs.

1291.3 Vehicle Liability Insurance

This procedure category is used for the cost of vehicle liability insurance.

The District Administrator must approve vehicle liability insurance prior to authorization.

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The DOR may purchase vehicle insurance for a consumer's vehicle, not to exceed the state-prescribed minimum level, when all of the following have occurred:

- The consumer must use his or her own vehicle to access vocational rehabilitation services to complete an IPE.
- The financial participation requirement has been met and comparable benefits have been applied.
- The District Administrator has approved the purchase of insurance prior to authorization.

Insurance for a consumer's vehicle may exceed the state-prescribed minimum level in the following situations:

- A vehicle is required as a condition of employment and additional coverage is required.
- A lien-holder requires additional coverage.

Payment shall be made directly to the insurer of the vehicle policy. The rate of payment shall be the usual and customary charges of the insurer.

Refer to [Section 1287.3](#) for information on transportation expenses for an employed consumer.

1291.4 Vehicle Parts

The cost of replacement parts for vehicle repair, either as a portion of repair costs or purchased separately, such as a battery or tires.

All vehicle parts must be purchased from a licensed business. It is not acceptable to purchase vehicle parts from a “backyard mechanic.”

Tires and batteries may be purchased without an inspection and require a minimum of two price quotes or a determination of “fair and reasonable.” Batteries being replaced as part of the vehicle repair through a vendor are considered a Vehicle Repair, not parts.

Refer to [RAM Chapter 9](#)—Procurement—for more information on the purchase of batteries and tires.

1292 Vehicle Modification (12/17)

This service category includes the following procedure categories:

- [Vehicle Modification, Consumer-Owned Vehicle](#)
- [Vehicle Modification, State-Loaned Vehicle](#)
- [Inspection of Modification, Consumer-Owned Vehicle](#)
- [Inspection of Modification, State-Loaned Vehicle](#)

Vehicle Modification is the use of rehabilitation technology to adapt a consumer-owned or state-loaned vehicle to an individual's transportation needs, as either a driver or passenger. This category includes modification inspection and modification repairs.

The Rehabilitation Counselor and designated district staff will apply the following regulations for Vehicle Modifications:

- Vehicle Purchase (CCR 7164)
- Mobility Evaluations (CCR 7164.4)
- Mobility Evaluations—Waivers (CCR 7164.6)
- Purchase of Vehicle Modifications (CCR 7165)
- Department-Loaned Property (CCR 7194)

While vehicle modification is a rehabilitation technology service, transportation is a support service, and is subject to different rules. The Rehabilitation Counselor may purchase rehabilitation technology as the consumer requires it, without the limitations inherent in providing transportation services. For example, modifications to a vehicle that the consumer owns is an allowable use of rehabilitation technology services, but purchase of a state-owned vehicle in order to obtain the modifications is not. Likewise, the DOR cannot purchase a vehicle for commuting to work, but the Rehabilitation Counselor can authorize rehabilitation technology services to a consumer-owned vehicle for this purpose, if necessary.

The provisions and approvals associated to [Section 1222.1](#)—Driver/Passenger Mobility Evaluation (Vehicle)—and [Section 1222.2](#)—Mobility Evaluation Standards and Requirements—must be met prior to the purchase of vehicle modifications.

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The Rehabilitation Counselor must obtain the following approvals prior to authorizing vehicle modifications:

- Team Manager for all vehicle modifications.
- District Administrator approval for vehicle modifications of \$2,000 or more.

Vehicle Modifications are subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [RAM Chapter 9](#)—Procurement—for more information on vehicle equipment purchase and modifications.

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1292.1 Vehicle Modification, Consumer-Owned Vehicle

The DOR may modify a consumer-owned vehicle to provide access to VR services. The vehicle may be a used vehicle, it may have existing modifications, or it may be a new vehicle purchased by a consumer.

The DOR cannot modify any consumer-owned vehicle without prior, written confirmation that the consumer is the registered owner of the vehicle. A consumer must be licensed or have a permit to drive in California and must provide a certificate of insurance showing at least the State minimum amount of vehicle insurance. The Rehabilitation Counselor must obtain this information and submit it to MEP prior to provision of modification services.

Use of a consumer-owned vehicle for modification first requires completion of a DR 704 SAFETY AND DIAGNOSTIC INSPECTION form by a DGS-approved repair facility.

If the used vehicle has prior modifications, the modifications shall be inspected by a contract vehicle modifier prior to the DOR providing additional modifications.

Prior to the release of any consumer-owned vehicle that has been modified by the DOR, the Rehabilitation Counselor must authorize an inspection of

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the modifications by the DOR-approved contractor, RADCO (refer to [RAM Chapter 15 Desk Manual](#)). The inspector must enter an inspection stamp on the invoice for work performed by the vehicle modifier.

The MEP will assist the staff with preparation of a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES for either inspection.

The Rehabilitation Counselor shall consult with the MEP Rehabilitation Engineer on the suitability of the consumer-owned vehicle.

The following are guidelines to consider prior to modifying a consumer-owned used vehicle:

- If the vehicle is less than 5 years old and has been driven fewer than 50,000 miles, it may be suitable.
- If the vehicle has been driven more than 100,000 miles, it may not be suitable.

If a consumer wants to purchase a new vehicle for DOR to modify, the Rehabilitation Counselor must contact the MEP and a mobility evaluation must be conducted *before* the consumer purchases the vehicle. The mobility evaluation report (MER) will state the types of vehicles that can be modified for a consumer's needs. The MEP may also recommend that a vehicle be purchased in an unfinished condition, as doing this may save time and money.

1292.2 Vehicle Modification, State-Loaned Vehicle

Refer to [RAM Chapter 15](#) and the [RAM Chapter 15 Desk Manual](#) for policies and procedures regarding vehicle modifications for a state-loaned vehicle, including the Financial Ability Worksheet and transfer of ownership.

1292.3 Inspection of Modification, Consumer-Owned Vehicle

Any vehicle modified or with modifications repaired by the DOR must be inspected after the work is completed and before it can be released to a consumer. The Rehabilitation Counselor will request a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form for the inspection.

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Inspection of the vehicle modifications by the DOR-approved inspection contractor, RADCO, is required prior to release of the vehicle to the consumer and payment by the DOR. The inspector must include an inspection stamp on the invoice of work performed by the vehicle modifier.

The MEP will assist field staff with preparation of the Activity Due request and inspection authorization at the same time the modification authorization is prepared.

1292.4 Inspection of Modification, State-Loaned Vehicle

Refer to [RAM Chapter 15](#) and the [RAM Chapter 15 Desk Manual](#) for policies and procedures regarding inspection of modifications for a state-loaned vehicle.

1293 Vehicle Purchase/Rental (12/17)

This service category includes the following procedure categories:

- [Vehicle Purchase](#)
- [Vehicle Rental](#)

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Vehicle Purchase/Rental requirements:

- Transportation (CCR 7029)
- Transportation Services —General (CCR 7161)
- Transportation Services – Employed Clients (CCR 7161.5)
- Client-Owned Vehicle Use (CCR 7162)
- Vehicle Purchase (CCR 7164)
- Vehicle Purchase—Financial Ability (CCR 7164.2)
- Department-Loaned Property (CCR 7194)

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1293.1 Vehicle Purchase

The purchase of a state-owned vehicle to modify for, and loan to, a consumer. This category does not include modifications or repairs, nor the inspections of modifications or repairs.

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No commitment to purchase a state-owned vehicle for modification and loan to a consumer shall be made until all requirements and conditions are met, and prior approvals are obtained and documented, in accordance with the regulations and the policies in RAM Chapter 15.

Vehicle Purchase is subject to prior approval requirements by federal awarding agencies (i.e., Rehabilitation Services Administration) for equipment costing \$5,000 or more per unit. Refer to [Section 1202.1](#).

Refer to [RAM Chapter 15](#) for the following information:

- Section 15600—Vehicle: Purchase
- Section 15700—Vehicle: Issuance and Reissuance
- Section 15800—Vehicle: Ownership
- Section 15900—Vehicle: Disposition

1293.2 Vehicle Rental

The costs of a vehicle rental. It includes rental of a non-modified vehicle, or a modified vehicle for a consumer who will be a passenger.

Vehicle rental services are subject to comparable services and benefits, and financial participation, in accordance with [Section 1203](#) and [Section 1204](#), respectively.

The Team Manager must approve all vehicle rentals prior to authorization of services; and, the District Administrator and Contracts and Procurement Section (C&PS) must approve all vehicle rental services exceeding \$2,500 or three months, whichever occurs first, prior to authorization.

The DOR will pay the vendor directly for vehicle rental services using a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form.

Vehicle rentals shall not be authorized on a Participant Authorization (refer to [RAM Chapter 11](#)).

The Rehabilitation Counselor and designated district staff will perform the following actions prior to authorization of vehicle rental services:

- Obtain required prior approval(s).

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- Verify that the consumer or vehicle operator is at least 21 years old, has a valid California driver license, and has proof of insurance.
- If a driver is to be used, obtain and document the driver's information for verification.
- Complete the authorization on a DR 297B AUTHORIZATION FOR VOCATIONAL REHABILITATION SERVICES form, with the following statement included: "Insured customer will need to provide proof of insurance and should return the vehicle with a full tank of gas."

Designated district support staff will perform the following actions when authorizing vehicle rental services:

- Use State Commercial Vehicle Contracts/Agreements in effect at the time of travel, as appropriate. Contact the Travel Unit, Accounting Services, for more information.
- Obtain a least two bids/quotes.
- When obtaining quotes for a consumer, do not request "state rates." State rates are for state employee use only.

If the consumer does not have insurance, the DOR may pay the additional daily rates for collision and liability insurance required by the rental agency; the DOR will not pay for "Personal Accident Insurance," or other additional coverage.

The DOR will not rent a modified vehicle for a consumer to drive because the Mobility Evaluation Program or a DOR-approved contract vehicle modifier must first evaluate the consumer's needs and specify appropriate modifications.

The DOR may rent a vehicle for a consumer who will be a vehicle passenger, but only if the vehicle is rented from a DOR-contracted vehicle modifier who will comply with applicable national safety requirements.

Refer to [RAM Chapter 9](#)—Procurement—for more information on vehicle rental.

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1294 Vision (12/17)

This service category includes the following procedure categories:

- [Vision Evaluation](#)
- [Vision Services](#)
- [Vision Appliances/Devices](#)
- [Low Vision Aids](#)

Vision is the service relating to the eye and remaining sight.

The Rehabilitation Counselor and designated district staff will refer to the following regulations for Psychological requirements:

- Physical and Mental Restoration Services (CCR 7020)
- Rehabilitation Engineering (CCR 7024.4)
- Physical and Mental Restoration Services/Purchases-General (CCR 7160)
- Limitations on Physical and Mental Restoration Services (CCR 7160.5)

Refer to [RAM Chapter 12, Exhibit C](#)—Medical Services and Purchases that Require Prior Approval.

Refer to [MSU Desk Manual](#), Chapter 14—Vision.

1294.1 Vision Evaluation

Basic or comprehensive evaluation by optometrist or ophthalmologist; includes visual field examination, color vision exam, electronic vision device evaluation, contact lens evaluation, or low vision evaluation.

1294.2 Vision Services

Ophthalmology, contact lens or spectacle fitting, repair and refitting, some medical rehab services for low vision.

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1294.3 Vision Appliances/Devices

Eyeglasses or contact lenses (including the purchase of sun glare shields and/or other absorptive lens characteristics), prostheses, intraocular lenses, and miscellaneous lenses.

1294.4 Low Vision Aids

Complex optical aids/devices, such as magnifying systems, worn or held by the individual, which consist of multiple lenses (with or without illumination), doublets, telescopes, prisms/field expanders, jewelers loops, sun/glare shields, and other devices with absorptive characteristics purchased for the low vision aids; binoculars and monocular (including hand-held); electronic magnifying devices or vision enhancing computerized devices that are identified as prescriptive devices by the federal government.

1295 We Can Work – Pre-ETS (12/17)

We Can Work – Pre-Employment Transition Services contracts are developed by the DOR to provide federal Workforce Innovation and Opportunity Act (WIOA) required pre-employment transition services to students with a disability, ages 16 through 21, who are in high school, eligible for DOR services, and have an approved IPE.

A student referred to and receiving services from the We Can Work program must meet all of the following requirements:

- Is still attending high school.
- Is eligible for DOR services.
- Is participating in special education or is eligible for a 504 plan.
- Is not younger than 16 or older than 21 years of age.

The We Can Work program consists of short-term placements, either on or off campus, and may include:

- Paid or unpaid internships
- Paid or unpaid employment
- Summer work experience
- Work exploration

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- Job shadowing

The student may participate in more than one We Can Work placement.

Work experiences through the We Can Work program are intended as temporary placements to gain experience in the workplace. They are not intended for the student to obtain a permanent job.

Any paid or unpaid We Can Work activities will meet the following criteria:

- Comply with the Department of Labor regulations, including rules for volunteer placements if the work experience is unpaid.
- If it is a paid work experience, the contracting school will be the employer of record.
- Students will be paid at least minimum wage.
- Students may participate in up to 100 hours of work experience hours.

For further guidance and questions, please contact the [Cooperative Programs Section](#).

Refer to [RAM Chapter 10](#) for more information on Cooperative Program Contracts.

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EXHIBITS

Exhibit A Services That Require Prior Approval

**Exhibit B Income Exemption Table – Calculation of Financial
Participation**

Exhibit C Medical Services That Require Prior Approval